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THE NEW-HAMPSHIRE JOURNAL OF MEDICINE.

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New York, December 29, 1836. J. R. CHILTON, M. D., Operative Chemist, &c.

New York, 9th mo. (Sept.) 30 1846.

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Yours respectfully, C. T. COLLINS, M. D.

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HENRY VAN HOEVENBERGH, Resident Physician, Bellevue Hospital.
GEORGE F. ALLEN, Assistant Physician.

Bellevue, N. Y., February 19th, 1837.

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THE NEW-HAMPSHIRE JOURNAL OF MEDICINE.

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(For the New-Hampshire Journal of Medicine.)

ALBUMEN, SUGAR AND PUS IN URINE.

With a brief notice of the late Dr. Osmon L. Huntley, *of Fitchburg, Mass.*

BY ALFRED HITCHCOCK, M.D.

[Abridged from the Annual Address read before the Worcester District Medical Society, May 14th, 1856.]

* * * * *

"The urinary organs," in the language of Kolliker, "consist of the two kidneys,—true glands, having a tubular structure, which secrete the urine,—and of the secretory urinary passages."

The kidneys are constituted of a fibro-cellular coat, and a secreting parenchyma. The parenchyma, as seen by the naked eye, consists of a medullary and cortical portion so arranged as to present pyramidal shaped masses, some fifteen in number, in each kidney, which converge at the hilus. From the apices of these pyramids, the secretion escapes by the uriniferous canals, which number at their orifices from 200 to 500 to each pyramid. These subdivide numerously and rapidly as they approach the periphery of the gland,

17210

till they number about 2,000,000 microscopic tubuli. Each of these minute canals is composed of a proper membrane, and lined with tessellated epithelium, which, some anatomists assert, has a cilliary motion towards their patulous orifices, which give exit to the urine into the calyces of the kidney.

The afferent and efferent vessels of the kidney are *short*, make very obtuse angles as they subdivide, and are exceedingly tortuous in their distribution. It will be obvious that this vascular anatomical arrangement renders the kidneys liable to sudden hyperemia and active congestion from very slight local or general causes. The nervous influence imparted to the kidneys is derived from the cœliac plexus of the sympathetic nerve, and consequently they quickly respond to morbid influences acting upon the skin, or nervous system, or any of the viscera.

The proper function of the kidneys is to *select* and *separate* from the blood certain elements of no further use in the animal economy, the retention of which acts as a virulent poison. These elements are dissolved in water, and make their exit from the body through the natural urinary passages. The normal quantity of urine is 30 to 40 ounces in 24 hours. The average specific gravity is 1,020; and the amount of solid elements held in solution in the urine averages about 2 1-2 ounces in 24 hours; this is about the average healthy standard; but these quantities vary materially, by diet, exercise, temperature, and other circumstances, without departing from the range of health.

It is not my purpose to state the chemical constituents of healthy urine, nor to discuss those forms of kidney disease which tend to the formation of urinary calculi; but shall limit this paper to a consideration of the present state of medical knowledge of those forms of disease characterized by the discharge with urine of *Albumen*, *Sugar* and *Pus*, with brief allusion to *Oxaluria*. Albumen, sugar and pus are perfectly soluble, or miscible in urine; always escape in the liquid form; cannot be seen in recent urine, unless with chemical, mechanical, or microscopic aid, and are *always* the product of disease.

"On whatever morbid process," says a late writer, "the changes observed in a degenerated kidney may have depended, the essential result is the *destruction* of a greater or less amount of the proper

14210

secreting tissue of the organ, which by just so much is rendered useless as an *excretory organ.*

And since no other tissue in the body appears to possess the property of compensating in any way for the destruction of a part of the kidney, by assuming the functions of this organ, it almost necessarily follows, that, when either of these glands is from any cause seriously diseased, the elements of the secretion which they ought to separate *will be retained in the blood.* So that whatever be the morbid process by which any considerable part of either kidney is damaged to such an extent as to have its functions temporarily or permanently suspended, there will equally result an accumulation of the constituent parts of the urine in the blood, and a train of morbid phenomena, indicative of a poisoned state of this fluid, will in consequence ensue."

The constant existence of these excrementitious materials in the blood must be productive of mischief in various ways, and especially to the kidneys themselves; and to this cause may be attributed nearly all the secondary disorders by which chronic renal disease is characterized. It is now pretty generally conceded by Pathologists that the "*crasis of the blood*" is the source of albuminuria, yet the *real cause* of this "*crasis*" is still a profound enigma. It may, however, be properly inferred that as the disease takes its origin in a morbid state of the blood, so its persistence and frequent incurability is in a great measure owing to this very fact that the disease, as locally manifested in the kidney, has for this very reason but little *self-curative tendency.* Pathological anatomy has recently done much to elucidate this subject, but it has only shown us the *localized product* of the disease, and *not* the primary link in the chain of events which ends in permanent albuminuria and granular degeneration of the kidneys. The leading pathological appearances in Bright's disease, according to Rokitansky, are hypertrophy, (sometimes atrophy,) anemia, pallor and laxness of the tissues, a peculiar *albumino-fibrinous granulation* in the parenchyma, sympathetic inflammation of the external renal fascia and the mucous membranes of the pelvis and calices.

The leading consecutive symptoms during life are a constant and considerable amount of albumen in the urine, a diminution of its specific gravity, a reduction of the solid constituents, and, lastly, *dropsy*, with marked *pallor* of the surface: The patient sometimes dies comatose or in a convulsion, caused either by serous effusion or by *uremia.*

M. Robin in his Physiological researches, has been led to conclude that normal albumen is formed in the liver from the elements of food, and burnt in the blood, and the residue of this combustion, *urea* and *uric acid*, is eliminated by the kidneys. In confirmation of this it is found that the urine becomes albuminous under the influence of those agents which interfere in a marked degree with slow combustion; such for instance as interfere with respiration and retard hematosis. The urine thus becomes albuminous in Croup, Phthisis, Cyanosis, and in various Cardiac and Pulmonary inflammations; also in Pregnancy, causing pressure on the circulation and impeding respiration. As a general rule, the urine of birds and all the mammalia, which are *warm blooded*, contain *no albumen*; while, on the contrary, among the reptiles and batrachia, so remarkable for their *low temperature*, albumen is always to be found in the urine. When the activity of the combustion which takes place in the blood, is too feeble to burn the whole of the albumen, which, in the normal state, should be consumed in a given time, the general vitality is diminished, and thus more or less albumen is allowed to pass unaltered into the urine; in other words, *just so much albumen passes in the urine* as escapes the transformation into urea and uric acid in the assimilating process.

Bright's disease has been termed "*granular degeneration of the kidney*" by Christison; and "*Albuminous Nephritis*" by Rayer; while Rokitansky, and some other German Pathologists, class it among the low *inflammatory* affections dependent on a *blood disease.* It is generally chronic in its course; yet sometimes with an acute tendency, and occasionally with exacerbations.

It assumes very different forms, which have reference either to the degree and rapidity of the disease, or to its stage of developement. The rapidity of the disease is generally dependent on the *intensity* of the *dyscrasic state of the blood*, which, according to Rokitansky, is the prime cause of the disease, and also upon the amount of *local reaction* or curative tendency in the renal tissue. The different forms of the disease are not unfrequently complicated with one another, and the stages of each may vary in duration, and pass from one to another very gradually, or very rapidly, with tumultuous and suddenly fatal symptoms.

According to Rokitansky the granular degeneration consists of an albumino-fibrinous substance exuded from the blood into the malpighian corpuscles, and subsequently in the urinary tubuli. The more this matter accumulates, the more it interferes with the circulation, and hence the pallor and anemic condition of the kidney. This Pathologist also says that this albuminous blastemata effused into the parenchyma, giving the kidney a granular appearance in Bright's disease, never occurs but in high and very intense grades of dyscrasia; and also that this deposition *is never a local affection*, but invariably indicative of an anomaly of general nutrition.

The consequence of a copious and long-continued secretion of albumen, is the eventual exhaustion of this element from the blood, and a watery condition of that fluid takes place, inducing *dropsy*, anemia, &c., &c., as secondary diseases.

Most of the late English writers, also, consider Albuminuria as primarily *functional*, in other words, a *blood disease*, and that the lesion of the kidney is a mere manifestation or product of that disease. The state of the blood prevents the kidney from acting properly on the elements it has been accustomed to excrete. The functional aptitude of the kidney is vitiated by the morbid elements carried to it by the blood. This Dyscrasia, which usually terminates in Bright's disease, may kill the patient before it forms its natural diseased product, "*granular kidney*." That is to say, death may occur from this dyscrasia before any appreciable anatomical lesion takes place in the kidneys.

One of the most unequivocal signs of Bright's disease is the presence of "*casts of tubes*" in the urine, as seen by the microscope. The presence of albumen is not alone a sure diagnostic sign; for many diseases of the degenerative character, or those attended with Pus in urine, or which occasion mechanical hyperemia of the kidney may give rise to simple temporary albuminuria.

Dr. H. Bence Jones, of St. George's Hospital, London, thinks that these "*fibrinous casts of tubes*" are fibrin and albumen effused from the blood and coagulated in the uriniferous canals; and that he always suspects granular disease of the kidney when these "casts" appear in the urine. Dr. Jones agrees with Gluge and Rokitansky, that this disease is somewhat antagonistic to the tubercular diathesis. It has been observed that in this albuminous diathesis, there is a tendency to the formation of false membranes on serous or mucous surfaces, and to the thickening and condensing of fibrous membranes; for instance, croupy deposits, and white deposits on the valves and membranes of the heart, and the developement of fibrous tumors. The supervention of the tendency to fibroid deposits in this albuminous dyscrasia seems to arrest or prevent the developement of tuberculosis.

Viewing Bright's disease, then, as the result of morbid blood carried to the kidneys, inducing hyperemia and a low form of inflammation, there can be no reason why, in its lower or milder type, sometimes, a *Kidney* thus engorged may not as certainly recover by resolution as a *Lung* thus engorged.

The course of its circulation, and the nature of its function, (which can scarcely be in any true degree performed vicariously,) would seem to be very strong reasons, however, why this state of disease is so slightly amenable to curative agents. When the kidneys are healthy, acute inflammations in other parts of the body cause the urine to become deeply colored, almost *proportionately* to the intensity of the inflammation; but when the kidneys are diseased this proportion ceases. In Bright's disease, for instance, the most intense inflammation of a serous membrane may exist, and yet the urine throughout may show no *alteration* of *color* or *appearance*. This is a very important practical fact; and if not borne in mind by the practitioner, may lead to an important and fatal error in diagnosis. In all kidney diseases of whatever character, it is said by good authorities that "albumen in small quantities is always present." Most acute diseases, especially cholera and the eruptive diseases, evince a crisis by more or less appearance of epithelial debris and albumen in the urine. It is therefore very important that the practitioner should distinguish between temporary albuminuria and the persistent and dangerous Bright's disease. This temporary albuminuria may not of itself be alarming, although it should never be forgotten that even this form may imperceptibly increase, and finally end in granular kidney. A failure to make this distinction will lead to a wrong Prognosis, or else to *wrong*, and *too favorable* conclusions as to the efficacy of treatment for albuminuria. Many of the remedies for this disease have doubtless derived all their credit from effects produced, or supposed to be produced, in this temporary albuminuria, which really is generally a *spontaneous* and *sanative process.*

Omitting for the present the Therapeutics of this disease, I pass to the subject of DIABETES; a disease which is well known to be characterized by the presence of sugar in the urine; which is usually pale and of high specific gravity. The kidneys have long been *falsely accused* of being in fault in this disease. It is now well shown by the experiments of Bernard, Robin, Brown-Sequard, and others, that the kidneys are not only guiltless of anything blameworthy, but that they perform a benign and sanative act in eliminating the unassimilated sugar from the circulation. M. Bernard has shown that the Liver has the power of *producing* sugar;—in other words, has the power of transforming an animal substance into a vegetable substance. The Liver is not the store-house of sugar formed from saccharine foods,—but it is the normal producer of sugar; the *Laboratory* where sugar is constantly formed from the blood, whether saccharine or exclusively animal food is taken. In healthy animals this normal sugar is found only in the liver and the blood of the right side of the heart; while in the same animals *no sugar* is found in the blood of the left side of the heart and arteries, after it has returned from the Lungs. The inference, then, naturally follows, that the sugar formed in the Liver undergoes combustion in the Lungs, and is utilized in the assimilating process.

This formation of sugar by the Liver and its assimilation in the Lungs, is a constant and normal process. If this part of the respiratory function is defective, and the sugar is not utilized in the lungs, it passes on through the arteries; and the Kidneys, to prevent sudden death, kindly eliminate it from the system.

The nervous system plays a very important part in this process of *sugar conversion* by the act of respiration. In animals it has been found that injury of the olivary bodies, or the pneumogastric nerve, would be followed by the presence of sugar in the urine. It has also been observed in practice, that many cases of Diabetes date their origin from concussion, or other injury of the brain. It has also been observed that in the aged of feeble nervous and respiratory power, and also with Epileptics, and most cerebral and nervous diseases, that sugar was found in the urine.

There are many facts which seem to point to some lesion of the nervous centre as the cause of the non-conversion of hepatic sugar in the Lungs, and its consequent and necessary elimination by the Kidneys. Pathological anatomy has thrown but very little light as yet on the true nature of this disease. The Kidneys are sometimes reported " as " rather large, flabby, and somewhat congested; while Andral affirms that " the Liver never presents a normal anatomical condition." Pathologists are now minutely examining the brain and nervous system to find the primary lesion in Diabetes.

Pus in urine may arise from abscess, external and bursting into the urinary passages; or it may come from the Prostate gland, or any part of the urinary apparatus lined with mucous membrane, or from the kidney itself. Purulent urine has a slight cloudiness soon after it is voided, soon followed by a light tremulous and shaggy deposit. It somewhat resembles mucous or urate of ammonia, or some of the forms of Phosphatic urine; but chemical tests quickly remove all doubt on this point, and the microscope reveals the true pus corpuscle. Purulent urine is almost always acid when the Pus comes from the kidney, and generally alkaline when it comes from the bladder. If it comes from the kidney it contains *less mucous* than when it comes from the bladder. The physical, chemical and microscopic appearances will very readily determine whether or not Pus is contained in the urine. The processes for determining this very important question, as well as for detecting Albumen or Sugar, are clearly laid down in all the late standard books, and will not be here repeated. The great importance of settling this point early in a case, will be very apparent to every conscientious and faithful practitioner. It should be here stated that Purulent urine always contains more or less albumen; this is an element of the "*liquor pusis*," and is not an evidence of true albuminuria. The kidney may be the location of calculi, especially the oxalate of lime, of the hemp seed variety, causing ulceration and purulent discharge; or it may be the seat of tuberculosis, or even of true inflammatory pyelitis. In either of these cases, or where Pus is discharged from the kidney from any cause, the prognosis must be regarded as very unfavorable.

Prominent in the list of *exciting causes* of these forms of kidney diseases, may be classed all mental or physical influences which tend to diminish vital power. Especially prominent may be reckoned *narcotics* and *stimulants*, *luxurious living*, *sexual excesses*, exposures to *extremes of temperature*, *mental anxiety* or prolonged *mental efforts*, injuries or diseases of the *nervous centres*, or *hereditary taint*,—any or all of these causes may so act as to derange the nutritive processes, and induce one or the other of these forms of urinary disease. Persons with Albuminuria or Diabetes, or who discharge pus from the kidney, may sometimes, with due precaution, live for many years, even when the disease has reached the incurable stage. They will be able to endure the ordinary events of calm and quiet life, but will be poorly able to bear any acute sickness, or accident, or severe mental shock, or any considerable surgical operation. I recollect a few years since, at a clinic at St. Bartholomew's Hospital, that Mr. Stanley, deservedly celebrated not less for his science and skill than for his conscientious regard for the ultimate safety and best good of his patient, declined to operate for the radical cure of stricture, because the patient had albumen in his urine.

Dr. Geo. Hayward of Boston, a few years since related to me, in private conversation, a case that occurred in his own practice, where the ligation of a very small bleeding hemorrhoidal tumor was immediately followed by *convulsion*, *coma*, and *death*. the patient being then in the advanced stage of Bright's disease. Many sudden deaths, after surgical operations, have been referable to the existence of one of these forms of kidney disease, which was not seasonably recognized or duly estimated before the operation. As a general rule, then, the surgeon should refrain from using the knife on a patient suffering with these diseases.

These diseases being generally painless in their insidious stages, the patient is often lead to disregard the prophetic warnings of the physician, even if his opinion is seasonably sought. Unfortunately, however, the physician is very seldom called to give an opinion or advice in these cases till the disease has made anatomical changes, and disorganizing processes have commenced that can never be thoroughly repaired.

The very *earliest stages* of the disease are the *Golden moments* for treatment. The practitioner should watch the known diathesis, and study carefully the exterior tokens of this inward malady, and try to forestall this powerful enemy before it becomes so firmly entrenched as to admit of only palliative treatment, with an almost certain prospect that the patient will finally succumb. It is true that chemical analysis is very important, nay indispensable to make out a diagnosis of these diseases; and while chemistry fails to point with certainty to the anatomical change that has taken place, the microscope comes in to its aid, and throws a flood of light on this important and interesting subject; and yet these important aids should not alone be trusted. Each case should be studied *as a whole*. Chemistry and the microscope, as aids to a knowledge of kidney diseases may take rank with the stethoscope in thoracic diseases. The history of each case, the general symptoms, the special circumstances, will be equally important as diagnostic and therapeutic guides. Chemistry and the microscope show us the albumen, the "fibrinous casts," the sugar and the pus, but with these the *vital phenomena*,—the hereditary taint, and all the general and special facts of each case, should have due prominence in making a prognosis or in applying remedies. If the cause of the disease is of a temporary character, the Prognosis will be much more favorable than when it has its origin in a previous bad state of health, and the affection of the kidney is purely a *product* of the general dyscrasia. Of the latter class perfect recoveries are unquestionably very few. A want of this distinction has given rise to a wide discrepancy among practitioners in their Prognosis and success in treatment. It will be obvious from the Pathology which has been announced that we have no *specifics* for these diseases; indeed, from the pathology, the literature, and clinical evidence, the conclusion is irresistible that patients have generally been *too much drugged with medicine* in these diseases. It is unquestionably true that these diseases are more under the control of *regimen* than *drugs*. The cutaneous, the pulmonary and digestive functions should be carefully watched, and if possible raised to their normal state of action. The *mind* of the patient should *be at ease*. Such remedies only should be used as will allay nervous irritation and perfect the assimilation of the food. *Mercury* is *positively injurious* in these diseases, and ought to be avoided. *Alkalies*, either pure or combined with vegetable acids, are of some service. Albuminous drinks with sugar are useful in Bright's disease; for, according to Robin and Bernard, albumen is a "natural and adequate excitant to the liver." Some ancient works speak of raw eggs as a remedy, without, probably, a suspicion of this physiological reason for their good effect. As the presence of sugar in the liver and hepatic blood is a physiological condition, it should be our aim, not to *banish it from the system*, but to regulate and perfect that function by which its formation and conversion is accomplished. This is done chiefly in the lungs, and hence their function should be improved. A proper and agreeable amount of physical and mental exercise, good and well prepared food, pure air, and the inspiration of Hope, are all indispensible. In short, all those mental and physical hygienic conditions should be adopted that will tend to improve the general nutritive function. For this purpose Tonics are sometimes useful—Iron, Quinine, Porter, Wine and Cod-Liver Oil. In Diabetes a combination of Carbonate of Ammonia, Lime Water and Soda, has been used empirically with some success. Opium, in pretty large doses, and Creosote, have enjoyed a doubtful reputation in Diabetes. Rennet has been given in teaspoonful doses three or four times daily, on the chemical theory of converting the sugar into lactic acid. Yeast has also been given, based on its chemical relations to sugar. Both these articles are safe and worthy of a fair trial. M. Robin has proposed inhalation of ozone, or *electrified oxygen*, as a remedy in these diseases, with a view to promote those processes of combustion, the failure of which is the chief cause of the morbid condition. M. Thenard long ago stated, confidently, that "animal diet was as decided a remedy for Diabetes as quinine for ague." This was his chemical *theory*; which in *practice* has been found only slightly to diminish the sugar and never to cure the disease. The Liver will make sugar from the blood, even though animal food only is taken; and the disease will continue so long as the combustion of hepatic sugar is not carried on normally and completely in the Lungs. Prof. John Ware speaks in high terms of Hock and some of the weak Rhenish wines as valuable adjuvants in treating the atonic forms of albuminuria which follow scarlatina. They act as diuretics and diaphoretics. It is quite possible that the *acetate*, *malate* and *tartrate* of potash, peculiarly combined with the vinous principle in these vines may be the reason for their efficacy.

In these diseases, above all others, the practitioner should be cautious in his choice of medicines; and especially in those types characterized by orgonic changes, he should limit his patient to mild and soothing remedies, for the distressing symptoms *only*; and be very cautious and not hasten the danger by needless privations and useless and torturing remedies.

The intelligent co-operation of the patient, and his long-continued confidence, will be of especial value in treating these diseases. The treatment of *pus* in *urine* will be greatly modified by its *source* and *cause.* The vegetable astringents, the balsams and terebinthinate substances, the alkalies, and in some cases minute doses of mercury, or iodine, or cantharides may be found useful. If there is great irritability of the neck of the bladder it may be injected with nitrate of silver, 1 to 4 grains to the ounce of water.

A disease called *oxaluria*, characterized by the presence of *oxalic acid* or *oxalates* in the urine has been thought by some pathologists to depend on the same cause as the formation of sugar. But the preponderance of evidence is against this theory, and the two diseases probably have no necessary relation. It has also been found that granular degeneration of the kidney is very seldom an accompaniment of oxaluria. The only explanation that can now be given is that the disease is essentially one of depraved nutrition. Its approach is very slow and insidious, frequently after great and long-continued physical fatigue, or perplexing mental labor and anxiety. It is generally accompanied by irritability of the nervous system, with slow marasmus, and great tendency to *listlessness* and *mental depression.* This condition of the urine forms mulberry calculi—sometimes of the hemp seed variety—and always very insoluble. Drs. Prout and Bird have given us the best history of this form of kidney disease, but have left very much for other laborers to unfold and explain.

* * * * *

The case of the late Dr. Osmon L. Huntley of Fitchburg, (aged 36,) whose early and lamented death it is my duty this day to announce to this society, was one of *oxaluria* with *purulent urine.*

From my notes of his case, I find that many years ago he had typhoid fever, and a few years subsequently, pleurisy of the left side. His health, during the last 14 years, the period of his residence in Fitchburg, has generally been good, with the exception of a catarrhal affection of the posterior nares and fauces, with occasional soreness of the throat and slight cough. About 10 years ago he had a urinary difficulty affecting the *right* kidney and ureter, with pain in the bladder, strangury and bloody urine. This trouble passed off in a few days, and never again returned in that side.

In the autumn of 1854, Dr. Huntley had three or four attacks of severe pain in the *left* kidney and ureter; each attack lasting a few hours; generally attended with vomiting; and relieved by a warm bath and anodyne; and usually the next day he would attend to his professional business. During the succeeding winter, 1854-5, he was able generally to attend to his business, although he had frequent attacks of pain in the same locality, lasting but a short time, and not as severe as in the previous autumn.

About the first of April, 1855, he left his business and went to Charleston, S. C., indulging the hope that *rest* and a *mild climate* would restore him. While at Charleston he had an attack of pain in the left kidney and ureter more severe than any previous, lasting several days, and accompanied with fever. Prof. Giddings, of the South Carolina Medical College, prescribed for him. Dr. Huntley was quite sure that soon after his recovery from this attack, he passed *three* small hemp seed looking calculi. Unfortunately they were lost on his journey home, without their being properly examined. In June and July, 1855, after his return from the South, these attacks of pain in the left kidney and ureter returned; sometimes occurring daily, and sometimes at intervals of several days. The appetite was capricious, digestion tardy, and his flesh and strength had considerably diminished. At this time [July, 1855,] he was passing about 45 ounces of whey colored urine in 24 hours, of acid reaction, specific gravity 1006; with a drab-colored precipitate, which, on analysis, was found to consist of *pus*, *mucous*, and a small quantity of albumen. The supernatant urine contained triple phosphates in small quantities, and a pretty large supply of the crystals of *oxalate of lime*. During the months of July and August, for 22 consecutive days, the average quantity of urine passed was 48 ounces daily; and the average specific gravity was 1012. The reaction was generally *acid*, but for a few days, while alkaline remedies were used pretty freely, the urine became *neutral* or slightly alkaline. These specimens of urine all contained *pus* and oxalate of lime. Sometime in the month of August, the pain, which for two months had been quite constant, and at times very excrutiating, entirely left the kidney and ureter, and was never again felt in that location. For several weeks he was without pain, and a hope was entertained that the source of pain (if a calculus,) had escaped into the bladder, although the chemical and microscopic appearances of the urine were not essentially improved. The neck of the bladder became irritable, and the source of a great deal of harrassing pain; although the sound frequently introduced revealed *no vesical* calculi. During the months of September, October and November, the urine continued of about the same character. Sometimes improved in appearance, but invariably showing the presence of *pus*, with a trace of albumen, and abundant crystals of the oxalate of lime, both the dumb-bell and octohedral varieties.

During this time there was great irritability of the digestive organs, torpor of the bowels, and great disinclination for muscular or mental effort, and marked depression of spirits. His flesh and strength steadily wasted. His pulse was seldom less than 100; there was normal respiration in both lungs, except that the mnrmur was feeble in the upper third of the left lung, at which point there was also slightly diminished resonance. No *rales*, and at the last there was no tracheal or bronchial rattle. In October and November I injected the bladder four or five times with a solution of nitrate of silver, with entire and permanent relief of the vesical pain. His mind was unclouded, although there was a *listless* and inactive state, which increased with his increasing weakness. The purulent and oxalic character of the urine continued to the last; the amount of pus increasing, the quantity of urine diminishing, and its specific gravity becoming higher.

Without *diarrhœa*, *cough* or *sweating*, he continued to lose flesh and strength, and, after a long and unusually distressing sickness, died Feb. 25th, 1856.

A post-mortem examination could not be obtained.

Dr. Huntley was well educated in his profession, and deservedly enjoyed a high reputation as a kind, skillful and successful practitioner. His early death is a great loss to our profession. In the community where he lived he was not only highly esteemed as a physician, but was beloved, for his social and personal excellencies, by a large and admiring circle of friends. *He cherished a Christian faith;* and in his long and painful sickness, was cheered and sustained by a religious confidence and trust.

Gentlemen of the Society;—allow me to say in conclusion, that such instances of early mortality in the ranks of our profession, should teach us humility, and inspire greater zeal and fidelity in our responsible calling. Above all may they teach us that

"'Tis not all of life to live,
Nor all of death to die."

And thus enkindle a faith that shall reach beyond the event of death, aud fit us for the rewards of *faithful servant*.

(For the New-Hampshire Journal of Medicine.)

REMARKS ON HYDROCEPHALUS AND INDIGENOUS PLANTS.

Mr. Editor:—In your journal of Nov., page 338, Dr. Mettauer has described the symptoms of cholera infantum in the third stage; they so nearly resemble those of arachnitis, or hydrocephalus, that I am prompted to remark on that disease.

In this disease the first symptom noticed by the mother, or nurse, will be sudden starts in its sleep; there will also be unusual heat about the head; the child will be peevish and fretful, inclined to sleep or drowse,—will occasionally have a high fever, and perhaps vomit, then will appear better for a few days.

As the disease advances, fullness of the veins of the temples and violent pulsation of the temporal arteries will be noticed. The child will suddenly start, awake, rise up, stare wildly, and perhaps cry; if not taken up, will frequently lie down and fall asleep. When it is taken into the lap, it will frequently straighten the body, and throw back the head on the nurse's arm. To relieve the congested brain it will also, when lying in the cradle, make the same effort to get the head above the pillow, to obtain the desired relief. There is also impatience of light. When the child is asleep the eyes are but partially closed, and sunk in their sockets,—a sunken and sharp aspect to all the features. Looking at the features when asleep, the physiognomy is so peculiar and well marked that the nature of the disease is indicated at a glance. In this stage of the disease there is, I apprehend, no effusion of serum, and with proper medication, the room darkened, and quiet enjoined, it is usually curable. When strabismus is present, rolling the head, sawing the air with one arm, and the other paralytic, the dilated pupil, insensibility to light, the disease will probably prove fatal. The following treatment in my hands has proved effectual in many cases.

I depend much on Lobelia, against the use of which there is a prejudice with the faculty, and of which prejudice I once had my full share. As this article was a *universal panacea* with a set of ignoramuses, I concluded that it would be degrading for me to use it; but my motto has ever been to gain knowledge from any source. Its use was urged upon me by a medical practitioner, who informed me that it was a valuable article, and that he was in the daily use of it. I gave it a trial, concealing the name of the medicine from the public as much as possible, fearing the stigma, " *Thomsonian.*"—From long experience, and thorough scrutiny, I find it a valuable remedy. I do not intend to be so orthodox in medical science, that I *dare not* look beyond our creed.

In the exhibition of this article I use the saturated Tincture, (boiling the herb destroys the emetic quality,) to a quart of the Tincture add ʒss. Sang. canadensis. Of this a tablespoonful is a dose for an adult, and a teaspoonful for a child of two years.

Lobelia appears to be a direct sedative, and will, if taken without dilution, and its administration accompanied by a stimulant, distress the stomach, with other untoward symptoms. Properly administered it is as safe, and operates as kindly, as any other emetic, Ipecac not excepted. If the quantity above directed does not operate, use Ipecac, to cause emesis.

In this complaint, as well as in most others, it is of the first importance to equalize the circulation; if you succeed the disease is cured. I think there cannot be any serious disease where there is an equal distribution of the blood; and there is no remedy within my knowledge that will equalize the sanguifious circulation so effectually as Lobelia.

Called to a case of arachnitis, a lobelia emetic is the first medicine I should administer. Taking half a wine glass of herb tea as an adjuvant, add ginger, cayenne, alcohol, or other stimulant; sweeten to cover the taste; pour in a teaspoonful of the tincture, and give a teaspoonful once in twenty minutes. I give it in this gradual manner that emesis may not take place much short of an hour, so that the medicine may effect the whole system;—cold wet cloths, and showering to the head, sinapisms to the feet, which should be kept warm,—the room darkened, and quiet enjoined.

The day after the operation of the emetic, give a cathartic of calomel, and a trifle of jalap, if required; the next day an emetic, the next a cathartic, alternately, until three of each are administered. If the cathartic exhausts the patient, lengthen the time; after administering the three emetics, give enough of the tr. lobelia, in some convenient vehicle, to effect the stomach, but not to produce emesis.

I have for years made the medical virtues of our indigenous plants my diligent study,—am in the daily use of them, and find them, to say the least, as efficacious as foreign drugs. Scutellaria lateriflora, and clematis virginiana, are preferable as nervines to valerian. Among the abundance of our narcotics, I use more of the extract of stramonium than of all others, except opium. I prepare most of my narcotics with my own hand, to insure a pure article. If the practitioner does not choose to prepare these remedies himself, he may purchase them prepared, by Tilden & Co., and will be sure of their purity.

I am disposed to urge the faculty to turn their attention to this subject, it being one worthy our study.

Hydepark, Vt., Nov. 13, 1856. ARIEL HUNTON.

(For the New-Hampshire Journal of Medicene.)

PAROTITIS IN CONTINUED FEVER.

Mr. Editor: I have noticed cases of the above complication of continued fever in the two last numbers of your journal; which induce me to record the only case which I have seen in a practice of sixteen years.

This case occurred in the Fall of 1853, when fever was more than usually prevalent, and attacked most of the members of each family where it appeared. The type of fever was quite severe, and in some cases fatal.

The case complicated with Parotitis, was in the person of a young man, 18 years of age, of good constitution and previous good health. He was the first of four cases in the same family.

The fever was severe from the outset, continuing 21 days, without much if any amelioration. A convalescence of a few days was followed by cold chills, pain in the head and jaws, nausea, rapid pulse, coated tongue, scanty and high-colored urine, and swelling of both parotid glands.

This swelling increased with an aggravation of the general symptoms for 7 or 8 days, when the right side pointed, and was opened at the angle of the jaw, discharging about a teacupful of pus. The left side was treated in the same way three days later. Both continued to discharge large quantities of pus for 3 or 4 weeks, when they healed, and the patient recovered, being treated by stimulants, tonics, and a nutritious diet. His health has been good up to the present time.

West Boscawen, N. H., Dec. 1856. T. H. CURRIE.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JANUARY, 1857.

A New Year and a New Volume commence with this No., and while we thank our friends for the kind assistance they have rendered us the past year, we have to assure them that the Journal was never in so good condition as at present.

We have engaged contributions on practical subjects, which will render the current volume of great practical value.

But we would have all to understand that we need the aid of every one of our friends to enable us to carry the Journal through the year without serious pecuniary loss.

Journalism is at best a loosing business. Within the last 13 months the following Journals have been discontinued, viz.:

Western Journal, Louisville, Ky.; Louisville Review, do; Medical Examiner, Philadelphia, Pa.; Medical Counsellor, Columbus, O.; Northern Lancet, Plattsburg, N. Y.; Medical Times, N. York City; Southern Journal, Knoxville, Tenn.; and Medical Reporter, West Chester, Pa.

Some of these had reached an age which would seem to indicate permanency, but all have yielded to the force of circumstances.

We are proud to reckon among our subscribers a large number of the best of New-England Physicians, and did the more superficial follow the example of the better educated, we should be triumphantly supported. It is a ludicrous commentary on the fondness of small men for anything foreign, to hear third and fourth rate physicians pompously declare that they "can find nothing worth reading in American Journals," and that they "read only those of foreign origin."

We are ready to acknowledge that the reprints of foreign periodicals are invaluable, but the practitioner who confines his reading to the Lancet, or Braithwaite, or Ranking's Abstract, to the neglect of native Journals, will soon be behind his less aristocratic but better informed brethren, who condescend to pay for and read the less pretending Journals of their own country or state.

Our set of six volumes, when bound, makes an important addition to a Medical Library, and contains many articles of unsurpassed excellence.

All we ask is to get back the money we expend, and as fast as our means allow, shall make improvements.

A TREATISE ON THERAPEUTICS AND PHARMACOLOGY, OR MATERIA MEDICA. By GEORGE B. WOOD, M.D., &c., &c. *In two volumes.* 8vo. *Published by J. B. Lippincott & Co., Philadelphia.*

To review a work on Materia Medica would require more room than can be spared in our Journal, but we can take notice of its peculiar characteristics, and give our opinion of its merits.

The mere announcement that Dr. Geo. B. Wood was engaged in preparing a work on Therapeutics, gave rise to delightful anticipations in the minds of those who had profited by his teachings or previous publications; and the work can cause no disappointment to his most sanguine admirers.

It is urged that all Dr. Wood's writings manifest too great faith in the power of medicine to cure disease; certainly he is not inclined to be skeptical, but this very reliance best fits him to teach correctly. His long years of practical experience in the treatment of disease and a careful observance of the effects of different medicines upon his patients, entitle his expressions of confidence in particular modes of treatment to peculiar weight.

Without the cumbersome statistics of Pereira, this book contains all the essential facts so far as they are settled, dealing little in crude speculations.

The newer remedies are carefully considered, and all that can be regarded as *known* of them is communicated.

While we would caution all to remember that it is their duty to do all they can for their patients by other means than the administration of drugs, we must recommend this book as the most complete and reliable work on Materia Medica and Therapeutics in the language.

TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATION, VOL. IX.—This volume surpasses its predecessors in all respects, quantity and quality of its contents, and beauty of its mechanical execution; containing 907 pages, beautifully printed on fine white paper.

It contains the "Minutes of the Ninth Annual Meeting of the Association,"—"Report of the Committee of Publication," from which we learn that there are on hand but 7 complete sets of the Transactions,—"Report of the Treasurer," which shows a balance on hand of $950.52,—"Address of George B. Wood, President of the Association," an excellent and characteristic production, from which we copy the following, which shows the true reason for refusing to acknowledge any additional appellation to that of "Physician:"

"There is a point to which I would call the attention of the members of the Association individually. We have been called *Allopathists*, in contradistinction to a sect of irregular practitioners who have taken to themselves the title of *Homœopathists*; the latter term signifying that its professors treat disease by influences similar in their effects to the disease itself; the former that *other*, and of course dissimilar influences are used. It must be remembered, that the designation was not adopted by ourselves, but conferred upon us by Hahnemann and his followers. The intention was obvious. It was to place the regular profession, and their own scheme, upon a similar basis. They practised on one principle, we on a different and somewhat opposite principle. They graciously allowed that our principle was not altogether ineffective: that we did sometimes cure our patients; but theirs was sounder in theory, and more successful in practice. Now, by recognizing the name, we necessarily recognize the principle also, and thus put ourselves in a false position. In deciding between them and us, the ignorant masses think they are deciding between two systems, neither of which they understand, but of which they must judge, upen the grounds of relative success. Diseases often get well of themselves, if left alone. The genuine homœopathist leaves them alone, and they often consequently terminate in recovery. This success is magnified by methods well understood; and multitudes are thus led astray, especially among the delicate and refined, who abominate the taste of medicine themselves, and are equally averse to the task of forcing it down the reluctant throats of their children. But we are *not* allopathists. The regular practice of medicine is based on no such dogma, and no exclusive dogma whatever. We profess to be intelligent men, who seek knowledge, in reference to the cure of disease, wherever we can find it, and, in our search, are bound by no other limits than those of truth and honor. We should not hesitate to receive it from the homœopathists, had they any to offer. We would pick it up from the filthiest common-sewer of quackery; for like the diamond, it has this excellent quality, that no surrounding filth defiles it, and it comes out pure and sparkling, even from the kennel. This is the light in which the medical profession should present itself to the community. We are men who have sought in every possible way to qualify ourselves for the care of their health. We present them, in our diplomas, the evidence that we have gained sufficient knowledge to be trusted with this great charge; and we stand pledged before them to extend our knowledge and increase our skill, as far as may lie in our power. Membership in our honorable profession is the proof we offer that we are no false pretenders, no interested deceivers; but upright men, intent on the performance of our professional duties. This the people can understand. But when we designate ourselves as *allopathists*, they may well ask, in what are you better than any other medical sect, than the *homœopathists*, the *hydropathists*, the *Thomsonians*, the *eclectics?* Let us discard, therefore, the false epithet. Let us not only never employ it ourselves, but show that, when applied to us by others, it is inappropriute and offensive, and that the use of it in future would be contrary to gentlemanly courtesy, and the proprieties of cultivated society. I say again, we are not *allopathists*; we are simply *regular* *practitioners of medicine*, claiming to be honest and honorable—in other words, to be gentlemen."

There is also a "Report on Deformities after Fractures. By Frank Hastings Hamilton." This is the second part continued from last year, and "includes the consideration of fractures of the scapula, arm, forearm and hand." It is the purpose of Dr. H. to embody the materials of these reports in a "*Treatise on Fractures and Dislocations*," which will be an invaluable work; showing as it will the results of treatment in a great many hundred cases of Fractures and Dislocations. A "Report on Hydrophobia," detailing 106 cases, and specifying the treatment and results. "Report on the causes which impede the progress of American Medical Literature." By S. D. Gross; who discusses the subject in his usual clear and concise style. These causes he arranges "under four principal heads:" 1. The identity of the language of this country with that of Great Britain. 2. A disposition in the profession to patronise English works in preference to American. 3. A want of independence in our periodical press. 4. A lack of industry in observing and recording facts in private and hospital practice."

In discussing the subject he shows that there is no lack of good American Books in every department of Medicine, and that the habit of preferring foreign to native publications depends upon an extraordinary and unaccountable desire to truckle to foreign literature.

The "Report of the Committee on Medical Literature" is signed by Drs. Breckinridge, J. B. Flint, and McGugin; who briefly notice the new works and new editions of old books, both native and foreign, which have been issued from the American press within the year preceding their report. Their view of an international copyright law is as follows:

"What is to be gained, in the passage of such a law, by our medical literature it is difficult to conceive. Whatever other results might ensue from the establishment of an international copyright, these certainly would, viz: a materially increased cost, necessarily followed by a diminished circulation of foreign works; and, in order to suply the demand, a corresponding increase in the *quantity* of home productions, while an enhanced price would result from the application of this literary protective tariff. Does any man in his sober senses consider either of these results desirable? Does any one imagine that an increase in *quantity* involves a relative improvement in quality? Nay, by just so much as *authorship* is made, by legal enactments, more profitable, will it not be likely to degenerate into *book making*? Will it not cease to be a calling and become a trade? Will the law add one whit to the zeal of any explorer of the labyrinths of nature? Will it make a single observer at the bedside more careful and reflective; any student in the dissecting-room more diligent and painstaking; any thinker in his closet more profound and philosophic? Or is it credible that, as original works, the product of patient labor, rigid investigation and deep thought, are excluded from any country, base imitators or unflushing plagiarists would be *less* common than now?

The "Report of the Committee on Plans of Organization for State and County Societies" is devoted to a consideration of the measures which promise best to increase the number and efficacy of medical organizations.

The "Report on the Changes in the Composition and Properties of the Milk of the Human Female, produced by Menstruation and Pregnancy," by N. S. Davis, is a short but very valuable article.

We must postpone till next month further notice of this volume of the Transactions, and advise all permanent members to buy it, by sending $3.00 to the Treasurer, Dr. Caspar Wister, Philadelphia.

ON THE TREATMENT OF THE IRITIS WITHOUT MERCURY. By HENRY W. WILLIAMS, M.D.

Dr. W. details 16 cases of Iritis without Mercury, and concludes that although "It is by no means assumed that mercurials or other antiphlogistic measures should be absolutely discarded from the treatment of this disease; but the results of these cases, many of which were of unusual severity, prove that it is by no means indispensable to resort, immediately to their use in all instances. If not essential, it is evident that remedies having, at least temporarily, an unfavorable influence upon the general health, should be employed with great reserve. In some of the cases reported, I am satisfied that the patients would have been injured, and the chances of their recovery diminished, by active treatment adapted to reduce the vital powers or the vigor of the circulation."

It is investigations of this character which advance Medical Science.

THE PHYSICIAN'S PRESCRIPTION BOOK. *Containing list of terms, phrases, contractions and abbreviations, used in prescriptions, &c.,*

&c. By Jonathan Pereira, M.D., F.R.S. *Second American from the Twelfth London Edition. Published by Lindsay & Blakiston, Philadelphia. pp.* 282. 16 *mo.*

This contains more valuable information than many larger books. We have small fellowship for these *helps* which are rather aids to indolence and ignorance than necessary to the close student, yet if such are rendered necessary by the qualifications of physicians and students, this little book will answer the purpose quite as well as any other in the language, and we must acknowledge that if all who write prescriptions were familiar with its contents, we should see more intelligible documents than are sometimes sent to apothecaries by those claiming to be well educated. Price 63 and 75 cts.

Berkshire Medical Institution.—We have received the *thirty-fourth* annual catalogue of this school from the venerable Dr. Childs, from which we learn that there were in attendance on the last course of Lectures, 63 students. This may be considered a large number for this year, when the classes in all the schools are very small.

The Berkshire school has always maintained a high standing for the excellent practical character of its instructions, and its graduates have always stood well with the community as practitioners.

Vesico-Intestinal Fistula.—(Translated for the Western Lancet from the *Journal des Connaissances Medicales*, by D. L. Freeman, M. D., Floydsburg, Ky.)

Dr. Strum reports the following, which should be ranked among the rarest cases in Pathology. A man aged forty years, in the enjoyment of good health, with the exception of some slight attacks of Hypochondriasis, felt in 1844 the first signs of hemorrhoidal affection. His stools were irregular, and he suffered pains in the region of the sacrum. The veins around the anus were tumefied. Soon after, he was attacked with lancinating pains, of a peculiar character. These returned in paroxysms of short duration, and extended from the root to the glans penis. In other respects, his health was not impaired.

In December, 1844, the patient remarked that during the emission of urine, and sometimis without urinating, that gas escaped by the penis. A little later, he found in his night-vessel some fragments of almonds that he had eaten during the day, which were passed with the urine, then morsels of fæcal matter, of which the quantity gradually increased, and obstructed at intervals the canal of the urethra.

The evacuations per annum gradually diminished. Neither catheterism of the bladder nor of the intestine led to the discovery of the fistulous opening between the bladder and the intestine. In 1845, DIEFFENBACH was consulted, but his prescriptions were without eflect. The only relief the patient experienced was due to the injection of large quantities of water. The general aspect of the patient was good, the appetite unimpaired, emaciation progressed but slowly, and the strength failed but little. Notwithstanding the pains increased, and finally became so intolerable as to produce maniacal paroxysms. In April, 1845, peritonitis terminated fatally.

AUTOPSY.—In opening the abdomen, there issued a large quantity of brownish, offensive liquid, mingled with purulent floculi. The The ascending and descending colon adhered to the other intestines and the mesentery. The liver, spleen, and gall bladder were covered with resisting false membrane; but their texture was not altered. The ascending colon was distended with gas, and contained much fæcal matter. The descending portion, at its inferior part, was so firmly adherent to the bladder and neighboring organs, that they could not be detached. About eight inches above the anus the adhesion of the intestine with the bladder was still more intimate, for the space of two inches, and at the middle of this there was an opening of an inch in diameter, which established the communication between the bladder and the intestine. The bladder contained a yellowish, liquid fæcal matter; its mucous membrane was thickened, of a bluish-marbled color, covered with a yellowish mucus, and dotted over with very prominent varicose dilations. No diminution in the calibre of the colon or rectum. The mucous follicles of the rectum were greatly developed, and immediately above the sphincter ani was a crown of dilated veins. No trace of tubercles or cancerous deposit. Dr. Strum attributes the fistula to an ulcerative inflammation of a vesical varix, which had at first excited local adhesion, and afterwards led to the perforation.—*Western Lancet.*

PERCHLORIDE OF IRON AS A STYPTIC.—Dr. Dowler has reported in the New Orleans Medical and Surgical Journal, for September, a case of troublesome and alarming hemorrhage following the extraction of a tooth. After sponging the socket, a plug of lint, moistened with a solution of tannic acid, was placed in the cavity, over which a compress was fitted, and the jaws were bound together. This produced but a temporary cessation of the hemorrhage, and on its recurrence the actual cautery was at once applied. Two wires were used, the tip ends of which were bent at right angles; one wire being about the size of a crow quill, and the other that of a common knitting-needle. The hemorrhage was checked, and a plug and compress were applied as before, and the jaws tightly bandaged. Five days afterward, the hemorrhage returned, and the cautery was re-applied. The bleeding again ceased, but in the course of six days became as profuse as ever. Lint saturated with the perchloride of iron was now placed in the socket, the compress was applied, and the jaws bound together. Three days afterwards fresh blood appeared, the socket was again sponged, and refilled with lint dipped in the same solution. Eight drops, three times a day, were administered internally. After this, the hemorrhage did not return. Dr. D. refers to other instances of hemorrhage from various organs, in which the perchloride of iron was used with decided benefit. During the past week, the writer has employed it, together with the actual cautery, in a case of serious hemorrhage, following a lacerated wound of the tongue. The boy, of a hemorrhagic diathesis, in a fall against the lower jaw, caused one of the incisor teeth to be driven nearly through the substance of the tongue. We have no doubt that in this case the styptic materially aided the effects of the actual cautery.—*Ib.*

Asthma.—Prof. Forget, of Strasbourg, in a memoir on nervous affections, and particularly asthma, arrives at the following conclusions:

1. Asthma is a special nervous affection, having a distinct existence like the other neuroses, even when it is developed consecutively to other affections, such as catarrh and emphysema.

2. Cases of primitive asthma, essential as they are termed, are, if not boubtful, sufficiently rare.

3. Almost always as soon as asthma is developed, it is connected with catarrh, sometimes with emphysema, and often with both, without these three affections necessarily being conjoined or resulting from the same cause.

4. In the great majority of cases catarrh, and sometimes emphysema, and often both, precede for a long time the development of asthma so as to render it indubitable that the latter is consecutive.

5. Asthma is much rarer than catarrh and emphysema, which would not be true if these three affections were correlative.

6. Asthma, when once developed, may manifest iteelf rarely, at long intervals, or may disappear entirely, catarrh and emphysema persisting, a fact proving the specialty of asthma, but not its entire independence of the other affections.

7. The peculiar relations which asthma sustains to catarrh and emphysema may sometimes be explained by an analysis of clinical facts, and especially by the greater or less extent of the bronchitis.

8. The intermittency of asthma, the organic lesions being persistent, the most striking of its peculiarities, does not pertain exclusively to this affection, but also to all the neuroses.

9. The therapeutical deductions from these premises are, that asthma is not to be combatted always by the same measures; that the application of specifics is often irrational and illusory; that each of the constituent affections in particular cases, claims its share of curative means according to its predominance or its influence on the other affections, and that in controlling certain united affections we may often succeed in destroying the nervous affection.

10. In conclusion, by a kind of Providential provision, there is a remedy suited to each of these affections. This remedy is opium, which is equally appropriate to the catarrh, emphysema and the nervous affection.—*Gazette Hebdomadaire, from Annuaire des Sciences Medicales*, 1856.

VARIETIES.

From the Virginia Medical Journal.

Electricity.—M. Becquerel has arrived at important conclusions from his researches. He finds that electricity is largely evolved by the contact of earth and water, by the fall of rain, along the banks of rivers, and especially on the sea shore. Investigations of the electrical phenomena of rivers lead to remarkable results. Alkaline streams take up positive electricity. Electrical currents are developed on the margin of rivers sufficiently strong to affect a telegraph needle several miles distant. An indication is here given of the different nature of clouds—the difference of the exhalations. As the water evaporates, it carries off the electricity; hence a source of atmospheric electricity, and a reason why storms are most frequent in summer. M. Becquerel has received the Monthyon prize for his investigations of this interesting subject.

Negative Artesian Wells.—The Society of Arts of London has published Herr Bruckmann's paper on artesian wells that take instead of giving out water, and thus serve as permanent drains. Mr. Bruckmann, who is a native of Wurtemberg, states that such wells may be established in all loose strata, or where communications exist with fathomless fissures or deep-lying streams, in all "sedimentary formations, tertiary deposits, chalk, Jurassic rocks, etc." He adduces examples of the benefits that have followed the sinking of negative wells in towns and marshy districts. The drainage becomes at once perfect and constant. The subject commends itself to the attention of farmers and those who have in charge the hygiene of cities.

Bonpland.—This veteran explorer, now in his eighty-third year, writes from Uruguay that he is about to cross the ocean to offer his collections of botany and natural history to the French government, after which he will return to South America, and end his days on his plantation.

Bread Stuffs.—A chemist announces that the common chestnut furnish glucose, dextrine, oxalic acid, glue, alcohol, a farina of which excellent bread may be made, and a refuse which is a nutritious food for horses. Another hero of the laboratory mixes eight pounds of wheat flour with eight of acorns, mashed, and having been boiled in a solution of carbonate of soda in vinegar, and so produces an economical and palatable kind of bread.

French Items.—The prize of 30,000 francs, instituted by the Emperor Napoleon for the most notable discovery in science, has been awarded to M. Fizeau for his experiments on the rapidity of the movement of light.——Aluminium is now manufactured on a large scale at Rouen.——The extraction of alcohol from beet root has become an important *industrie.* Last year 18,000,000 of pounds of beet were converted at two establishments in the Pas de Calais.

Circulation of the Blood.—Mrs. Willard, Moses, and Dr. Cartwright, have found an ally in Dr. Waller, who reiterates his notion, announced some time ago, that the movement of the blood is due to the action of the pulmonary cells, and not to that of the heart, his opinion being strengthened by further enquiry.

Palæontology.—At the late meeting of the British association, Mr. Owen exhibited a portion of the lower jaw of a fossil mammal from the Stonesfield slate, for which the name of *stereognathus ooliticus* had been proposed. After a minute criticism of the bone and teeth, Professor Owen concluded that this fossil appertained to a diminutive nonruminant arctiodactyle, of omniverous habits. Professor Owen also presented additional specimens of fossil remains of the *dichodon cuspidatus* and musk ox (*bubalus moschatus*).

Sunlight.—Pouillet says it is desirable to record day by day the amount of sunshine, and, in a paper on solar intensity, describes an apparatus for this purpose—a dark box with a roller inside covered with photogenic paper and moved by clock work. The light beams an impression on the paper during the whole time the sun is visible.

LARGE FAMILY.—Mrs. Greenhill, a London matron of the last century, had thirty-nine children by one husband, all born alive and baptized, and all save two at single births. The last child was born after his father's death, and lived to be a surgeon, practicing in Bloomsbury, and author of a work on "embalming." In commemoration of this remarkablo fertility the family took for their crest a gryphon with thirty-nine stars on its wings.—*Notes and Queries.*

BLUE DEVILS.—A reviewer in Winslow's *Psycological Journul* reminds us that "Rosch and Esquirol affirmed from observation that indigo-dyers become melancholy, and those who dye scarlet, choleric. The first observation confirms the statement of the arch-quack Paracelsus, who declared blue to be injurious." This would seem to indicate that our phrase, "the blue devils," may derive its origin from a scientific fact.

SEA BATHING.—Horne Tooke ridiculed the practice of sea bathing, and said, if any of the seal species were sick, it would be as wise for a fish physician to order them to go on shore. Porson declared that salt baths were only reckoned healthy because persons had been known to survive them. But Sheridan's objection to salt water was the most quaint. "Pickles," said he, "don't agree with me."

INK FOR STEEL PENS.—As we observe that some of our correspondents are suplied with very indifferent ink, we shall inform them of a process for preparing an excellent writing fluid with but little trouble or expense. The formula is an old one. It has, therefore, stood the test of experience. We take the following account of the mode of using it from a recent communication by M. Runge to the Repertoire de Pharmacie:

Take of Campeachy logwood, rasped, *a pound;* water, *six quarts;* yellow chromate of potassa, seventy-two grains. Put the logwood in the water and boil down to a gallon. Strain the decoction, and when cold add the salt, shaking the liquid. The ink is now prepared and may be used immediately. Any addition of gum, etc. is detrimental. The small proportion of the salt of chromium here directed should not be transgressed; in the proportion ordered, the coloring matter is not suspended, like the gallate of iron in ordinary ink, but perfectly dissolved, and hence not liable to form a sediment.

This ink possesses other properties. Manuscripts for which it has been used may be washed with a sponge or left in water for twenty-four hours and the writing will not be effaced or even blurred. Dilute acids, which destroy the color of ink prepared from galls and redden that prepared from logwood and vitriol, have no effect on this preparation. It has no action on steel; and does not become encrusted on the pen.

New steel pens are covered with a greasy matter which prevents ink from adhering. To obviate this they may be moistened with saliva and then washed, or, on the large scale, they can be cleansed in a dilute alkaline solution.

Thus our readers can furnish themselves with an excellent ink at a merely nominal cost. M. Runge states that he has not renewed his steel pens in the two years he has used this fluid.

Ultra Phlebotomy.—"I have seen," says Bordeu, "a physician who puts no bounds to his fondness for bleeding. If he had bled a patient thrice, he repeated it once more, for the good reason that there were four seasons in tee year, and tour cardinal points in the compass. After the fourth bleeding, a fifth was requisite, because there are five finger to each hand; to the five he added a sixth, for the world was created in six days; six! oh—there must be seven, since Greece had seven sages; an eighth was necessary to make the number even; and a ninth, *quia* * * * * *Numero Deus impare gaudet.*

Brown-Sequard.—Among the arrivals by the steamer Vigo, from Havre, was the eminent physiologist, Dr. Brown-Sequard. We have kept our readers informed of the researches promulgated with much *eclat* by our learned friend, during his sojourn in France. We trust that with his return to this country, we shall again be favored by some of his valuable and original contributions.

Cline.—Cline prepared his patients for operations badly. "Now, my man, you must be firm, for I am about to give you much pain," he once said to an Irishman whom he was about to trepan. "Och, by Jasus, but you won't though," shouted the terrified Hybernian, as he sprung from the table and rushed out of the hospital.

Medical Fees.—"I called one morning (says Dr. Eyre) on my neighbor, Dr. Chambers, then the first physician of London, and congratulated him on his being in the act of making a very large fortune." On his enquiring what I meant, I replied that I had seen many patients go into his house that morning. He said, "listen—you may have seen as many as nine this morning; eight of them begged my advice on some pretext or another. The ninth gave me a fee, which I presented to the gentleman who has just preceded you, who is an honest doctor in distress."

Planting Trees in Cities.—There is more than meets the eye in the proposal, recently suggested in the Times, to plant the principal streets of our cities with trees. They would not only help to free the air from the excess of carbon, but from the ammonia the recent researches of Dr. Richardson have shown to be constantly emanating from animal bodies. If his calculations be correct, some three or four hundred tons of carbonate of ammonia are evolved every year by the inhabitants of this metropolis. Plants require as steady a supply of ammonia as they do of carbonic acid, and in the midst of luxuriant vegetation the putrid emanations from the dung-heap and cesspool are rendered innocuous. If the ammonia generated in our cities is not frequently dispersed by currents of air, or made use of by the vegetable world, the air is contaminated, and the blood of those who respire it is brought into the precise condition observed in those who are afflicted by the low fevers so peculiarly prevalent in crowded, filthy localities. Let us have trees and shrubs, then, by all means, wherever we can find room for them; and if we do not get the smoke nuisance abated for the sake of our own lungs, perhaps we may do it for the sake of the trees.—*Med. Times and Gaz.*

Royal Visit to Canada.—The Canadian News says: "There is a report prevalent that her majesty's physician, Sir Henry Holland, has come over for the purpose of ascertaining whether Queen Victoria might with safety trust her royal person to the Canadian climate. The universal response in Canada is that the climate will compare favorably with any in Europe, not excepting Italy itself."

CONTENTS.

Original. PAGE.

Albumen, Sugar and Pus in Urine, by Alfred Hitchcock, M.D.... 1
Hydrocephalus and Indigenous Plants, by Ariel Hunton, M.D..... 15
Parotitis in Continued Fever, by T. H. Currie, M.D.............. 17

Editorial, &c.

A New Year and a New Volume.............................. 18
Bibliographical.. 19
Vesico-Intestinal Fistula.................................... 24
Perchloride of Iron as a Styptic............................. 25
Asthma... 26
Varia.. 27

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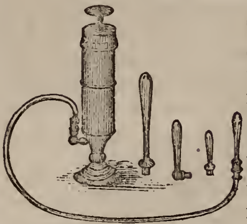

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AN ADDRESS.

Delivered before the Graduates of Dartmouth Medical College, Nov. 12th, 1856, by Wm. H. H. Mason, M.D., *of Moultonborough, N. H.*

(Published by request of the Class.)

Gentlemen:—The relation that the New Hampshire Medical Society holds to the Institution at which you are about taking your degrees, and my appointment by that Society as one of its delegates, according to common usage, is my only apology for appearing before you to-day.

In my address to you it will not be expected that I shall give you a didactic lecture upon any part of the science of medicine; this would transcend my appointment. You have during your present term of lectures received competent instruction in medical learning, necessary to complete your qualification for a successful pass into the profession. You no longer sit in these seats as students. The ordeal through which your have just passed, and to which you have looked with interest, if not anxiety, places you directly in and upon the medical profession, with its equal honors and privileges. You are now, or soon will be, professional men; but you are not as yet practical men. This is a part left for you to acquire. In this you may well admit yourselves as students. It is upon this that I shall address you to-day. Not upon the practice of medicine, but as practical medical men.

You have at once become changed in your pursuits and hopes. Heretofore you have been seeking knowledge; now you are about to go out for opportunities to make a practical application of what you have already acquired.

You find at once many things springing up around you, till now unknown, overwhelming responsibility, restless anxiety, fears like broken clouds passing in quick succession between you and the bright beams of your hopes, trembling and doubtful confidence in the untried remedies you are called upon to prescribe, distrust in the *vis natura* in the cure of disease, whose power you as yet have not to a great degree seen displayed,—all, are so many new weights which you will be called to bear. If you have sought this profession for ease you will be disappointed. It is no place for the lazy and indolent; constant activity and hard labor, often unrequited, is all I can promise you. But if you love your profession as you should, and possess the enterprise which it demands of you, with a proper desire to relieve the pains of humanity, you will surmount all obstacles and endure all hardships in the way to your success. The road before you is to you untried; you know not as yet its rough and smooth places. Allow me to offer you some counsel at the outset.

A young physician should place the object of his attainments high. The goal of his future destination should be nothing short of the highest skill to which man has attained. Some do not strive for the mastery, and subject themselves to a middle walk in life, because of a lack in their literary attainments; while others place themselves in the advance on the presumption of their literary superiority. Neither is right. We have brilliant examples of what man may attain with an ordinary education in the person of Nathan Smith, the celebrated founder of this school; the world-wide famed Marshall Hall, than whom there is not a more correct and useful medical writer or practitioner in England or elsewhere; and many others who might be named if necessary. I would not have you arrogantly blazoning to the world what you can and will do; but posses an immortal determination, hidden within your own breasts, to arrive at distinction, both in skill and virtue; for without the latter, the road to fame is encumbered with insurmountable obstacles. A man will not be likely to go beyond his standard, but he may and probably will fall short of it. He should not count that he has already attained to perfection in human skill,—never; but haste onward and onward;—his eye fixed upon the beaming star to crown his hopes and labors with success, and then if he falls short, he will have arisen much higher than he would have done had he aimed at a lower object.

It is said, "to make great men there must be great things to be done." There are always great things to be done when the human body is diseased or maimed; but to be eminent, man must do something extraordinary. Men cannot do the great work that has already been done, thereby raising themselves to fame. We can have no more Hunters, or Lænnecs, or Louis. These are pillars whose places cannot be occupied by others. There is not the opportunity now for eminence in new and great discoveries that these men possessed. Yet the field is unexplored. Science is every day developing new truths. They may not be so impressive as those fundamental truths which the fathers in medicine discovered, yet they possess deeper research, more refined learning, and more beauty in science. I would not counsel the seeking after new ideas for the novelty or fame of it alone; or to differ from the position of others. We want no more Hahnæmans, whose chimerical brains never give birth to other than antagonistical ideas; who go entirely by opposites, and could never invent a theory unless some other was taken from which to differ. It is not wise to attempt to crush the old fabric, to see how well we may erect another. New discoveries at this day of scientific brightness, should be well examined before being shot out to the public gaze. Deep research and constant study is the Physician's bounden duty. But there is more than this. He is daily called to save life and restore friends; the only child to its doating parents; the loved companion; the mother with a group of little ones hanging with tearful eyes about her bed, looking with hopeful and confiding countenances upon him, to save the most loved and needful being on earth to them. Who can tell—who can feel the responsibility of the Physician? The charlatan feels no responsibility. The mercenary physician feels none. The lawyer has only the property of his client resting upon him. The divine has truly the weight of souls upon him. We will not exalt our own profession by diminishing another. The law is a beautiful net-work of worldly wisdom; and it is enough for the ministry to say that it is divine; but what is there in either that gives that present and inexpressible joy, manifested in the restoration of sick friends? Can the child love, respect and adore another as him who has given back a fond father or mother, from whom the unmerciful hand of disease was bearing them fast away forever? None. There is no class of men on the earth that bears such an overwhelming responsibility. It can be satisfied only in the Physician being a master of his business. It is not with him as with the lawyer or divine. The talents of these are measured by the power and force of language; the Physician's, by silent prescription and administration. There can be no quackery in the legal profession; all judge correctly of his merit who hear him advocate; but the most unlearned and uncouth empiric, who has jumped into the profession without any preparation, like "Pallas, all armed from the brains of Jove," may pass for a while at least as a learned and philosophical physician. But this does not clear him of his obligations to his patient. Any man, whether empiric or regular, who by any misrepresentation or legerdemain succeeds in gaining the confidence of the sick, so far as to put themselves into his hands for treatment, is under a sacred obligation to give a correct diagnosis and a correct prescription. The crime of empiricism is great, for it is by his own misrepresentation that he obtains patients, and then allows them to die; whereas, in more skillful hands, they might have lived. How great the crime is, it is not for me to say. No matter how much the public may applaud, or patronize, or wonder at quackery, in its various forms and under its various names, The regularly educated physician should never steal their livery, nor turn aside for a moment to cater for what seems to be the public applause, which in reality is but the applause of the rabble. The charlatan has excited more wonders in the world than the educated man, and has made dupes and fools in proportion.

It is astonishing to see to what extent mankind may be hoaxed. See with what gullibility they have swallowed animal magnetism, spirit-rappings, as well as the thousand puffed nostrums from our shops. The human mind and taste seems to seek after something strange and unaccountable, and will pay money freer for this than for anything real. Such is the love for the marvelous that literature is not a protection against imposition; indeed, some impostors have flourished the best in the most enlightened countries.

> "From stratagem to stratagem we run,
> And he knows most who latest is undone."

The charlatan is applauded, yet despised, the same as the necromancer who is suffered to deal with the dead, It is a proper field for the artful and dishonest, but no place for a high-minded and honorable man. He sows error all about him, and at last reaps its own production. Every humbug will at last be discovered, however plausible at first, and then it will be equally despised. The charlatan succeeds in sponging money from his dupes, and may retain that when his honor is lost; so he who loves money more than a good standing in society, and is willing at last to be despised, may well enter this arena. Perhaps the most celebrated and most successful empiric that ever lived was Mantaccini, of Paris. After having squandered a large estate, and being reduced to beggary, he looked about him to see to what he could resort to fill again his pockets with gold. He knew nought of any honorable occupation,—indeed, honesty lavishes too slowly her bounties to answer his purposes. He must make a strike. He discovered that people paid more willingly and more freely to the charlatan than to any other class. He dressed a loquacious domestic in gold-laced livery, mounted a chariot and started under the title of "The Celebrated Dr. Mantaccini, who cures all diseases by a single touch or look;"—but this did not succeed so well as he had anticipated. He left Paris and visited Lyons, and published himself as "The celebrated Dr. Mantaccini, who revives the dead at will." To remove all doubts he gave public notice that in fifteen days he would go to the churchyard and raise its inhabitants. So bold a proposition gained him at once the confidence of the whole city, who came by hundreds to consult him, and to purchase his wonderful *baume de vie.* He soon gained large sums of money. When the great day of raising the dead approached, his witty valet manifested signs of uneasiness. Said Mantaccini, "be quiet, you know nothing of mankind." Early in the morning of the appointed day, he received many letters and visitors, with presents and promises of large sums of money if he would relinguish his design. One man had a furious wife buried there, and would not listen to her being resuscitated: said he, "I will give you fifty louis to leave her as she is." Fast young men who were squandering their patrimony, implored him to leave their miserly parents where they could not put a check to their profligacy, would give sixty louis. A young widow, on the eve of matrimony, threw herself into hysterics, and with sobs entreated him to have mercy upon her. In fact, the whole city was in an uproar and confusion at the prospect of seeing their long lost and once dear friends again among them. But the Dr. wisely shook his head at their proposals, and would not consent to leave, until the authorities waited upon him, with large sums of money, and a certificate that he could do all that he claimed too by way of reviving the dead. Dr. Mantaccini went to other cities, where he performed other miracles, and finally returned to Paris loaded with wealth; where he lived, and laughed at the popular credulity. But there is one thing to observe, that Paris and Lyons, and other cities, learned to despise Dr. Mantaccini, and look with contempt, if such a thing were possible, upon themselves for being thus drawn blindly into a whirlpool of folly, the inconsistency of which every one at second thought must see.

Because a certain portion of the public follow after and applaud Homœopathy, Hydropathy and Medico-Biology, it is no excuse for men to assume the physician's garb under these titles for the purpose of obtaining patronage; neither does it exhonerate them from all the responsibility of the physician. Even the most illiterate and unskillful are as accountable as the most learned and scientific. This holds true in the regular profession, as a diploma is only a passport, an indication of his qualification, without which no man should attempt the practice of medicine. But it does not answer the accountability to the patient. It is not sufficient for him to do as well as he can. He is under a binding obligation to do well; not always to save his patient, but to apply suitable remedies to disease correctly understood, always giving allowance for faults in human understanding. He should also be able to give a correct prognosis; for it sometimes is of the most momentous consequence that the patient with an incurable disease should be apprised of it for a sufficient time at least to arrange his temporal and spiritual affairs. Not that he should pronounce the freezing sentence of death, thereby destroying the only hope of recovery, (and it must be a rare case that has no hope,) but his duty to his patient requires him, especially when inquired of, to state his fears if not his expectations, at the same time affording him all the hope possible for an ultimate recovery. Much good sense and prudence is required in managing the hopes and fears of the patient when in a dangerous state. Physicians should educate themselves to this as well as any other part of their qualifications. None can so readily read his thoughts by his deportment and expression of countenance as his patient;—his very attempt to conceal his thoughts may pantomimely express them. It is well to faintly express his fears, followed with a hopeful expression, which, if properly executed, will at once inspire confidence, hope and resignation, which is a most desirable mental condition for a very sick patient. His conduct in this respect, however, should be governed much by the temperament and condition of the sick. Some will listen to and even urge an undisguised account of their cases, while upon others such an account would bring a fatal exacerbation. Some hail with delight the lost hope of the physician; to such a free representation will never do harm. Cases will occur when it is right to practice an innocent deception upon the patient by a bold declaration of your confidence in a final recovery; it is sometimes the only breeze to fan the last faint, flickering, dying, vital spark. which a little nervous prostration would put out forever. Whatever course his duty may lead him to pursue to his patient, he should always give an undisguised account to the friends. The mind is too often neglected in treating disease. We are called to examine the pulse, look at the tongue, and give physic, while every thing that chafes and worries the mind, and which in fact is frequently the prime cause of disease, is religiously veiled and kept from our view, and frequently is only discovered by the half sane wanderings of the patient, whose "infected minds to their deaf pillows will discharge their secrets." But however much he may desire to know the whole condition of his patient, both mental and physical, he sould be careful to avoid all questions that reflect upon his integrity. What cannot be learned without exciting displeasure, had better be guessed at. While in the sick room his manners should be easy, quiet and affable; such as to render the utmost confidence in his ability and desire to restore health, and this should be unconnected with affectation. I cannot indorse the sentiment of Radcliffe, who, in his advice to a young physician, said, "You must, if you would succeed, either bully or cajole your patients." "I," said he, "have succeeded well with the former, perhaps you will with the latter."

There is nothing in the life of the physician which should cause him to deviate from the common civilities and manners of other men. There should be no discussion upon any subject in the sick room. I once knew a physician to engage in a dispute with a fever patient on the subject of moral reform, which caused an exacerbation, rendering the patient materially worse. Instances occur almost daily in the active life of the physician, and that too in the sick room, which would excite the displeasure of almost every man,—such as want of attention to directions, outside intermeddling, &c., all of which should be borne without strife, but not without rebuke. There should be no distinction in any class or order of men. If called upon to administer to a diseased body, his obligation is important; his best efforts are required, whether of high or low degree. Even inability to pay should never weaken his efforts or anxiety, when he has once entered upon the case: life is as sweet and dear in the meanest cottage as in the palace.

He cannot do justice to the profession without making it his whole business; it will then be the centre around which will revolve both his duty and interest. Here should be his ambition.

Many men enter this profession, and then seek their wealth and honor from some other field. Such are imperfect practitioners to a fault. But few have arisen to eminence or usefulness, with divided attention. It distracts the mind; a man's thoughts will be where his interests lie. He cannot concentrate his mind upon two unconnected objects. A few men, by accident, more than merit, have become eminent while thus engaged. Dr. Mead, a celebrated English Physician, was much in habit of engaging in other business, as well as indulging in intoxicating drinks, but it has been said that his eminence arose from being called to a celebrated Dutchess, distinguished for her habits of intemperance, They were both so full of wine that they did not discover that the other was drunk. While the Dr. was feeling her pulse, his foot suddenly slipped, when he exclaimed, "Drunk, quite drunk."—meaning himself.—The lady supposing he had discovered what she designed to keep a secret, offered him her influence if he would not expose her. This was the commencement of his fame and opulence. But we have, even in him, a complete illustration of the bad effect of engaging in other pursuits. One day, before visiting his patients, he received intelligence that the stocks in which he was interested, had suddenly fallen. He called upon a sick lady, who thought herself very ill. He mechanically examined her pulse, but his mind being upon his property, he exclaimed aloud, "Mercy on me, how they fall! lower! lower! lower!" referring to his stocks. The lady seized the bell-rope, and ordered her friends to be immediately summoned, as she was dying, for her pulse was growing lower and lower. Some men devote their whole attention to special parts of the profession, and if the whole mind can find full employment in a single special part, who can attend to the whole, with other business upon his attention, and do justice to either of them? We sometimes see combined in one man, physician, lawyer, divine and politician; such an assumption of responsibility, develops truly a combination of quack, pettifogger, fanatic and poltroon; one mind can be capable of the latter combination, but not of the other.

The practice of medicine is confiding; and he who engages in it, should never betray the trust. He will have confided to him more than the secrets connected with disease. He is not only looked upon as the angel that bears the balm to heal the sick, but as a friend; a near door and true friend, to whom they can come with grievances and troubles, such as would be divulged to no one else—and although uninteresting to him, he must not turn a deaf ear, or seem indifferent to what they consider important to them. He knows better than any other the wants, trials and sufferings of the community in which he moves, and it his imperative duty to lock them up in the secret place of his own mind; its expected of him; many times, the reputation and peace of after life is at his disposal as secrets. He is under no obligation, and should not expose a sin, even an aggravated sin,—the knowledge of which comes to him professionally,—unless compelled so to do by law. This is expected of him; and nothing will so much depreciate him in the public estimation, as a falsity in this respect; even extra skill cannot save him from the just odium of an injured and indignant community.

Society has claims upon the physician. *He* is expected to be a moralist. We hold all men bound to sustain a good moral character, but there is something peculiar in this profession which allies it with an unimpeachable reputation. This is philosophically true. For in treating diseases and tracing them to their sources, we find ourselves surrounded by an atmosphere infected by the corrupt passions and practices of men. Corrupt and intemperate habits lead to some of the most loathsome and malignant diseases. These can never be acted upon except through the influence of popular sentiment. We may meditate the effect, but that will not moralize the cause. To be consistent, he must be a professed moralist. A physician with his system full of disease, is not qualified in the estimation of the community, to treat disease. They say, "Physician, heal thyself." His skill and honesty are self-condemned. They will take none of his physic, nor listen to his counsel. He is called to a case of syphilis; he prescribes his remedies, and counsels abstinence from all impurities; the advice is as necessary as the prescription to insure success; but what if he is known to his patient as guilty of lecherous habits himself? He has pronounced condemnation upon himself, and lost the confidence of his patient. In treating ophthalmic diseases of the inebriate, he must direct him to total abstinence, but what if his own eyes betray the same habit? He would hear before it was uttered, "Physician, heal thyself;" and with what confidence can a man give rules of diet, who is himself an epicure? Dr Mead was called upon by a gentleman who was troubled with a constant inflammation of the eyes. Said the Dr., "Leave off drinking wine." By following ont this advice, he in a few weeks became well, and called upon the Dr. to thank him. He found him at a tavern, drinking wine with a friend. "How is this?" said his patient, "you doctors do not fellow your own prescriptions;" To which Mead replied, "If you love your eyes better than wine, do n't drink it, but I love wine better than my eyes, so I drink it." I do not mention Dr. Mead to be imitated. His example should be shunned. We had better not show our zeal to destroy the cause of the disease of the inebriate, by drinking it. He then should be a complete sample of cleanliness about his person and premises. Moderate in his habiliments, sound in his morals, kind and courteous in his deportment, always ready to acknowledge and defend a fixed principle in politics and religion, yet without wrangle in either.

He should never say he cures disease; leave that to quacks, it is their boast to cure. Frere Jacques said to his patient after he had cut for the stone, "I have operated, may God cure thee." Let the people understand that we *treat* disease, and that, in the most intelligent manner. This alchemical notion of the power to cure invested in the physician, is worthy of the folly of the middle ages, but not of this day of intelligence and science. The human mind still retains an umbrage of those darker ages when Paracelsus and Von Helmont attempted to discover a universal solvent; and alchemists searched for the elix vitæ, and philosopher's stone; when men searched for perpetual youth and perpetual opulence. There is at the present day an enchantment, a mystery that supports charlatanism. Let people understand the phliosophy of treating diseases and they would invariably employ the regularly educated physician. The profession has not done its whole duty to disabuse the public mind of their errors. It has been too ready to enshroud the operation of remedies in wonder, and to be the authors of astonishment in some wonderful recovery.

It will be expected that you will devote your energies to the good of mankind. Yet too much is required of the physician. He has wants in common with other men. A family to support and protect, friends to enjoy and happiness to seek; but it is impossible to do justice to either while in constant occupation in his profession. He neglects proper care for his own health to look after that of another. He devotes a large portion of time allotted to sleep in wakefulness, to administer anodynes that others may sleep. He travels in storms and darkness, endures hunger and cold, to do for another what the other would not do for him. No disease is too contagious, no malaria too infectious, to keep him from his post of duty During the prevalence of cholera, both in this and other countries, no class of men were so untiring and constant as the physician; never have they been known to disappoint the high trust and confidence reposed in them. Should any one doubt the devotion of medical men to the good of man, let him visit the mounds around Portsmouth and Norfolk, where lie the remains of many physicians who left their families and friends to offer themselves as sacrifices to the fearful malady that swept through those ill-fated cities. Justice has never been done to those devoted men or the profession that bore them, by the press or the public, commensurate with the philanthropy that led them into the very embrace of death. But it is impossible to stifle in the hearts of a grateful people the adoration that intuitively springs up there, however much they may be neglected from more public sources. The very breezes bear upon their fluttering wings to the north, south, east and west, a holy incense from the smouldering remains of these men, which is a sweet-smelling savor to every breath that fills a breast containing a spark of magnanimity or gratitude. Is there another profession that would have sent out its voluntary hosts to do battle with such fearful odds? No. While the hand of disease seizes the victim, panic seizes the hearts of neighbors, friends and relatives, who fly in dismay and leave them alone; but the physicians, at home and abroad, truer to their trust than the devotion of friends, stand undismayed and unconfused; and when science failed, and death became victorious over its struggling victim, they stood by and soothed the last moments of the friendless sufferer, by kind and friendly offices.

I will now, gentlemen, call your attention to the financial part of your occupation. You have accepted this calling for a livelihood as well as duty. "He who will not provide for his household is worse than an infidel." You will have, or certainly should have, families to support and protect, and your duty to yourselves and to them calls loudly for a proper remuneration for your services. You are under no obligation to grant gratuitous labor, except where it is actually demanded by benevolence. There is a universal neglect among physicians in collecting their bills, and a neglect equally as great on the part of their patients to pay. This is not owing to a want of business talent in the physician, or a want of integrity in the patient, but naturally grows out of his occupation. He is looked upon more as a benefactor than a creditor. After watching with the utmost care and anxiety over a system that has just escaped destruction, he feels that his labors have been more strongly benevolent than hireling. The most of people feel under a religious obligation to pay him when convenient to themselves, without consulting his wants or urgency. But there is an annoying class who study to cheat him out of his fees. They are of that class who have small means and no soul to be grateful. If he is ever expected to start at beckoning, to face storms and tempests, when necessary and when not, it is from this class of customers.

The proper time for a physician to present his bill, is when he has made his last visit; it is then that his patient and friends fully appreciate the services rendered them,—not that he should at this time exact the payment unless convenient, but that they may know how much he is expecting of them at the earliest time practicable. A reasonable bill presented at this time is properly considered, but if delayed five or six years it becomes outrageous; while he is looked upon more as a devil than an angel of mercy. Yet we should remember that "the poor we have always with us," and should do them all the good in our power. The gratitude of these is sometimes a greater reward than the money of the wealthy. Boerhave has truly said, "God is pay-master for the poor."

Should you err so far as to inquire, mentally, "how shall I get practice?" it will be only human; and it would still be only human should you create a train of schemes by which to obtain it. Yet I would advise you to make no effort for patronage save what is founded in science, good sense and common courtesy. Any thing else is playing too much the empiric. You will think, and probably act accordingly, that *friendship* will not deceive you, that you may secure a troop of intimate friends upon whom you can always rely. If you try that rock you will split upon it. It is your duty to be friendly with all, but your profession demands it no more than all others; it is a duty of all. It is more your duty than policy. We are deceived and betrayed by our intimate friends: "intimacy begets contempt."

There is no occupation where the good old saying, "Be friendly with all,and intimate with few," will apply better than to ours.

You may think it policy to *give* your services to some to secure their influence, and that, too, when they are competent to pay. Such people will usually employ another physician when one is again needed. Gratuitous labor, inordinately cheap labor, and un-asked advice, are usually despised. It is not our fault that such is the case. Society makes it such. Let society have the benefit of it. But this does not apply to the poor; yet *they* are only grateful according to the value they put upon our services, with the conviction that it would be demanded of them were they able to pay. All labor or services of any kind must have a price to insure success. Men have been educated to believe that that which costs nothing is worth just what it cost.

In conclusion, gentlemen, I will ask your attention to your relations to each other. It has probably not occurred to you, while sitting so friendly together during your course of study, that any ill will can occur to becloud the brightness of your present friendship. It would not be strange or uncommon if such should be the case. From some unhappy and unfortunate causes there seems to be, and actually is, an estrangement, and too often an open hostility among physicians. The cause I cannot conceive, unless it lies in that natural motive power which governs the mass of men,—selfishness. We should be disposed to attribute it to this source from the fact that it arises among them whose business is the most contiguous. It is no wonder that men of but one idea, and that the accumulation of wealth, should allow the animal part of their being to rule, and quarrel with whatever comes in contact with it. But that high-minded men, men sufficiently great and generous as to engage in the science of medicine, should indulge or provoke unkindness is a sufficient reason for regret. Ambition as well as avarice, and perhaps that more than this produces discord in the profession. It is always honorable to strive for the mastery, taking no advantage of our antagonist; but when we strive to elevate ourselves by prostrating another, we develope a mind and heart too contracted for elevation. No man can in this way arise to eminence; he only succeeds in depressing and injuring another; he does not elevate himself. But this estrangement may arise from suspicion, and I do not know which is the most pitiable or which developes the smallest trait of human character, the one who actually makes encroachments upon his neighbor, or the one who continually suspects them. Suspicion is the legitimate fruit of dishonesty itself. A man suspects all others of what he sees in himself. Much harm is done by meddling and mischievous persons, who misrepresent, falsify, or corrupt sayings, by gestures or inflections. Of such we cannot be too watchful. We should not forget that we are brethren, having in common one object, one interest; and that the promotion of health and happiness, and the honor of the profession. Nothing more encourages charlatanism than the variances and antipodal opinions of the regular practitioners. It is the key that admits them to public favor, in fact it creates them.

If scientific practice is not sufficiently rooted in truth as to produce an agreement among its votaries, how do the public know that it is not founded in error? This in the public mind is a prominent proof of its fallacy. When physicians of the regular school disagree, how do they know but Homœopathy, or some of its kindred humbugs, is the true science of medicine? It confuses the public to see physicians disagree. "When doctors disagree who shall decide?" And when members of the regular profession disagree, then confusion is more confused. It is not a want of truth in the science, but a want of veracity and integrity in them who study it. We see no disagreement among the various orders of quacks. That is, there are no family quarrels. And in this harmony consists their strength. Union is strength. When a man's interest is dearer to him than the honor of his profession, he falls infinitely below and beyond the science he professes.

You will not think me out of place, gentlemen, if before leaving the subject I urge upon you the importance of practical piety.—Without it, your qualification is not perfect. You have the superstructure; this supports and beautifies it. It is like a beautiful plumage, without which the bird is not beautiful. Yours is a high and holy calling,—it becomes you to adorn it by holy lives; it renders you at once more useful, both in your practice and in society. Your own interest demands it. Your position as physicians demands it, and your patients demand it. After science and art fail, you can do much to quiet the mind and direct it, as it is about to pass away through the dark and often frightful way, that leads from this to the other world. And in doubtful cases, where it is necessary to call the patient's attention to his peculiar and dangerous condition, there are none, not even the clergyman, who knows so well as you how to do this duty without exciting the disease to a still more dangerous point. It will entwine about you like the tender vine that interweaves itself around the forest tree, and support you against the tempests of human life, which will be sure at times to strike you.

And now, gentlemen, a word personal to yourselves. Since your examination I have conversed with my colleague upon your qualifications. He wishes me to express his satisfaction and pleasure in the manner in which you have acquitted yourselves, and in his report to the New-Hampshire Medical Society he will speak highly of your qualifications and personal appearance, and will commend you to its favor, should you ever come within the reach of its influence. In the prompt and correct manner in which you have given your answers during your searching examination, you have not only done great credit to yourselves, but to this college and these professors, where, and from whom you have received your instruction. Many eminent and useful men have gone out from this school. We hope and expect that you will add to their number; you certainly possess the ability, then do not disappoint our expectations by any false step on your part. You will graduate, gentlemen, at a time-honored institution. In whatever part of the country or civilized world you may go, you will be proud to say you took your degree at Dartmouth College. I will recommend that as soon as you become settled in your profession, you unite yourselves with some medical society. If in New-Hampshire, you will find the New-Hampshire Medical Society not a whit behind that of any other State; and its arms will be ever extended to receive you. With these remarks, gentlemen, I leave you; and may your prosperity and happiness in future life be equal to your present politeness and good appearance; and at the end of life, so near perhaps to some of you, and not far at most from any, may you receive the smiling welcome of a willing Savior to an everlasting blessedness and heaven.

WHAT SHALL BE DONE FOR CHLOROTIC AND ANÆMIC WOMEN IN VIEW OF THE RIGORS OF CHILD-BIRTH?

BY JAMES M. HARTWELL, M. D.

Mr. Editor:—We think it safe to say that no one who has been in the practice of midwifery, in this State for the last few years, can have failed to notice that there is an increasing number of chlorotic and anæmic women who cannot well endure the trials of pregnancy or the rigors of child birth. It has long been seen that these cases were more frequent in the cities than in the country, and the difference in favor of the country women has been ascribed to a more simple mode of living, a more abundant and healthful exercise, and a more invigorating and wholesome atmosphere. Thus it has been found, that the mortality of child birth, has been greater in proportion to the whole number confined, in the cities, than in the open country.

It is in the province of the humane and benevolent physician, to ask what can be done for women in this state, and lend so far as he can, a helping hand; and all this, the more readily, since it is most likely to be the case, that those afflicted, are among the higher circles of society, and who have all the adornments of well trained intellects, and hearts gushing with sympathy for all who are in need of the highest and purest offices that spring from a true and christian heart.

We all know, that the pregnant state, in itself, cannot render the blood and vitality of the mother to any great extent better than before. The supply of blood which is needed to sustain the fœtal life, and promote its growth during the period of gestation, makes so large a demand upon the vital forces of the mother, with the loss that must occur at the time of labor, that the common observer must admit that this state cannot be advantageous to women of this character.

We deem it a matter of duty to look after the health of those under our immediate oversight, and when we find a case of anæmia in the young woman or unpregnant married female, we take the liberty to suggest that something ought to be done, and that soon, to restore the glow of health to the cheek, elasticity to the step and fire to the eye. Shall we be less true to those in in the pregnant state? In the last case, two lives instead of one may be lost. And as all experience shows that the improvement in this state is more *apparent* than *real*, so far as the blood is concerned, thus deceiving the woman herself into a false belief that she is going to be made all over new by "having a baby," it is a question with me whether we can be free from responsibility, if we do not undeceive them, and by a course of alterative and tonic treatment, continued simultaneously with gestation, prepare those committed to our care, for the loss they must inevitably sustain in child bed, and the important duties of a mother. And this matter seems to be the more pressing from the fact that it is with this class of patients we have the most trouble generally, in slow and tedious labors, in hemmorrhage after delivery, and that most distressing and dreaded phlegmasia dolens.

The above thoughts were suggested, in consequence of some four or more cases that have come under my own observation, since I have been in this place, occuring in the practice of some of our best physicians, and two of very recent date, in which cases the most promising and gifted in personal, mental and moral excellence have been the victims. In these cases, labor had but just supervened, when sinking and death came on apace, though comparatively little blood was lost; and in one case so sudden that in view of the smallness of the hemorrhage, a post mortem examination was held for the satisfaction of both friends and the attending physicians.

No abnormal appearances presented themselves in this examination, except perhaps a little increase over the natural quantity of serum in the pericardium, a large development of adipose tissue, a somewhat more fatty heart than usual, and a peculiar deposition on the lungs, which appeared on the lower part of the lobes, in small round circumscribed spots, which were found to contain a matter much resembling lamp-black, and this substance was just beneath the pleura. Otherwise, all was healthy looking; the uterus was well contracted, no internal flooding had taken place, and the quantity of blood lost, was represented by those present at the confinement, to be unusually small, but still, as appeared, enough to overcome one who was represented to be extremely frail until her marriage less than two years since. and who through her pregnancy had been remarkably well.

Now whether anything could have been done for this woman, to avert the calamity that has stricken with sadness many hearts, we cannot say, but it seems to me a valuable life is worth the trial; and that a course of treatment should be instituted, and carried through the whole period of gestation, calculated to bring the system up to a standing in vigor, that will enable it to resist the natural loss of the confinement, and enable it to rally and come to the rescue in this time of need.

In the other case no examination was had. The labor was somewhat protracted, the pains not very urgent, and at about two thirds of the stage of labor it was discovered, by the escape of an intolerable fetor from the uterus in the way of gas, and manual demonstration that the fetus was dead. Simultaneously with the passing of the superior strait of the head of the child, which was in a state of putrefaction, the patient complained of severe pain, which was the only time she did so, then occurred an edematous and puffy appearance about the head, eyes and neck, which though apparently arising in a little time, did not subside to any great extent before burial.

The question arose in our White Mountain Medical Society's late meeting, as to the cause of this swelling; whether it appeared merely as connected with a vitiated state of the system and as a consequence of loss of blood, or whether there had an absorption of purulent matter taken place, poisoning the circulation, giving rise as a seqnel, to this puffy enlargement and otherwise hastening dissolution. As the post mortem occurred, on the day of the society's meeting, and so near that all members present could attend, and, as the other was fully represented by the attending physician, the matters connected therewith afforded a theme of most profitable discussion and thought, prompting with no little interest the questions, could anything more have been done to save these women? and how shall danger be averted in time to come?

Thus we see how profitable our local medical societies may become, both to the old and young practitioner, if they will but take the pains to attend their meetings and report their difficult cases; and we will digress so far as to say to our bretheren, that as our next meeting is to be in this place we hope to see all who are the friends of science and improvement, and opposed to old fogyism and quackery.

I will suggest a plan, which though not entirely original with myself, is, I believe, of great value; and this or a better one, if vigorously prosecuted, will give that success, which will rob labor of its terrors, to those who are anæmic, or those physicians who attend them in their confinement.

My plan is this. Keep the bowels open with Extract Taraxaci, Pulv. Mandrake, and Pulv. Cypripedii, equal parts, formed into pills and take them in quantity as needed; attended with the use of a mixture of equal parts of Soda, Pulv. Peppermint herb, Pulv. Rhubarb, and Pulv. Cinnamon, well mixed. This last preparation will be found an excellent thing for the morning sickness, and to allay flatulence and colic. It may be taken in powder in one scruple doses, or a large teaspoonful of the mixture may be used by pouring on it one half pint boiling water, letting it stand and steep a few minutes, after which, strain and bottle up for use, adding a little brandy or other spirits to keep it, and one teaspoonful doses given as often as needed to regulate the stomach. This mixture will enable the stomach with its attendant absorbents to do their duty in assimilating the food to build up the animal tissues now undergoing a more rapid waste.

I would give mur. tinc. iron, combined with a syrup made by mixing Thayer's Fluid Extracts of Yellow Dock 1 ℔., and Leptandria Virginica 1-4 ℔., adding best sugar enough to make the mixture palateable, and take a desert spoonful three times a day, adding two to five drops of the tincture of iron as the syrup is taken. This is designed as an alterative and cleansing, as well as tonic medicine, which will be well borne during this period when some other alteratives are not safe to be given.

Should febrile excitement occur, and a tendency of blood to the head, as is frequently the case, *never bleed*, but equalize the circulation by using nitro-muriatic acid bath to extremities, and the internal use of the fluid extract of Veratrum Viride as made by Tilden & Co.

To fit the system generally, and especially the parts immediately concerned in labor for the duties they are called to perform in that event, and make delivery rapid and easy, and thus place mother and child in a state of safety; I would give the following:—Take of high cranberry bark 1-4 ℔, unicorn root 1-4 ℔, boil in 1 gallon of water to two quarts, strain, and then add while the liquid is hot ℥j of Tilden's solid extract of blue cohush, and stir until it is dissolved, and then add 1 ℔ white sugar. Cut ʒj of the oil of checkerbery in alcohol and put it in one pt. best brandy, and then incorporate brandy and syrups together. Of this mixture, take from one tablespoonful, to one half glass, in warm water, two or three times a day and on going to bed, for some two or three weeks before delivery.

In case of uterine hemorrhage being excessive or continued, give sulphate beberine in a dose of 6 grains, and continued if need be in 4 grain doses, every four hours. If this is not at hand use the oil of erigeron in doses of four drops cut in alcohol and mixed in any simple syrup or mucilage, and continued in doses of two drops, every three hours until the bleeding is fully controlled.

We believe if the above plan is carried out, the danger of the puerperal state would be greatly lessened, and many valuable lives yearly saved.

It is doubtless, not the best plan, but will do to recommend until another is found which in real merit shall superceed it.

Hoping the fathers of our noble and benevolent profession will catch the inspiration, and that the above thoughts will call them out to give their younger brethren the benefit of their experience and suggest a better plan for carrying the feeble over a way beset with peculiar dangers on account of the lack of the pabulum of life. I present myself and plan for trial—for approval or condemnation.

Whitefield, N. H. Jan., 1857.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, FEBUARY, 1857.

Dr. Hartwell's plan for treating the Anæmia of Pregnant Women.—Having given place to the article that precedes this, we here take such exceptions as we consider it our duty to take to its teachings, and enter our protest against the enormous doses of imperfectly known drugs which it advocates, as well as the arbitrary character of its prescriptions, and disregard of all the intricate collateral circumstances which complicate these cases, and render their treatment so much more a matter of careful and judicious management than the mere administration of drugs.

If it is true "that there is a constantly increasing number of chlorotic and anæmic women," it is doubtless due to the mode of life pursued in fashionable and refined society; and that these cases are "more frequent in the cities than in the country," is as plainly due to the greater prevalence of the common vices of fashionable life in cities than in the country.

A careful consideration of the causes which produce this debilitated and anæmic state of the system, points us at once to plain common-sense Hygienic management, as the first great means to be made use of to restore the system to its natural state of health.

It is true that Pregnancy cannot be advantageous to women of an anæmic condition, but it is equally true that Pregnancy is a natural function (not by any means a disease), and like all natural functions is to be aided (if necessary,) more by management and training than by medicine.

The experience of every medical man goes to show that there is a natural tendency in the pregnant female to manufacture an unusual supply of blood, that the natural loss at childbirth may not seriously debilitate the system; hence the common observation of feeble women that they have been "remarkably well during pregnancy." What more natural indication can occur to an intelligent physician than to aid in this effort of the system to prepare itself for the draught which is to be made upon its vital forces, not only through the vascular, but the nervous systems,

The superior advantage of a plain nutritious diet, pure air, and proper and sufficient mental and physical occupation, over any plan of drugging, is too well known among truly scientific physicians, to need any argument.

That there are many cases in which a judicious administration of medicines will be advantageous, we do not doubt, but we own to being fairly frightened at the enormous quantities of Ext. Taraxaci, Pulv. Mandrake, Pulv. Cypripedii, Soda, Pulv. Peppermint herb, Pulv. Rhubarb, Pulv. Cinnamon, Extract of Yellow Dock, Ext. Leptandria Virginica, Mur. Tinct. Iron, and (shade of Dr. Norwood preserve us!) Fluid Ext. of Veratrum Viride, which are recommended to be cast *simultaneously* upon the irritated and irritable stomachs of poor pregnant women.

Surely, the woman who can stand this treatment is in no danger from the pains and perils of child-birth.

But after all this, comes a way "to fit the system generally, and especially the parts immediately concerned in labor, for the duties they are called to perform," which creates a suspicion that our correspondent has been in some bad company in his day; for from no good source could come so delusive an idea as that the use of this farrago of High Cranberry bark, Unicorn Root, and Ext. of Blue Cohush, will "make delivery rapid and easy, and thus place mother and child in a state of safety."

We believe that all such drugging is worse than useless, and should be avoided by the true Physician. It savors altogether too much of Samuel Thomson.

One word about this treatment of Uterine Hemorrhage. We will venture to say that whoever trusts to the Sulphate of Beberine or Oil of Erigeron in cases of "*excessive*" uterine hemorrhage, will find his patients "*in a state of safety*" before he knows it. Why, my dear man, Oil of Turpentine is worth all this sorts of drugs you ever heard of as a hæmostatic, and yet the man must be insane who would trust to it exclusively in a case of "*excessive*" uterine hemorrhage. And then the idea of waiting four hours before giving the second dose;—why, whoever saw a case of Uterine hemorrhage which was not "in a state of safety" before that time had elapsed?

We ask the pardon of our correspondent for expressing our opinion of his practice in plain language, and he will allow us to hope that his *plan* is like Hopkins' razors, made to *sell*, and not for use.

REPORT ON THE USE AND EFFECT OF APPLICATIONS OF NITRATE OF SILVER TO THE THROAT, EITHER IN LOCAL OR GENERAL DISEASE. By HORACE GREEN, M. D. (From the Transactions of the American Medical Association.)—Everybody knows that the great hobby of Dr. Horace Green, and on which he has ridden to fame and fortune, is the peculiar mode of medication of which this report treats. We have before this time had something to say of this treatment, and have occasionally published articles from the pen of Dr. Green.

The present report is on "*The effect of Nitrate of Silver in the Treatment of Follicular Pharyngo-laryngeal Disease*,"—"*Acute and Chronic Laryngitis*,"—"*Membranous Croup*,"—"*Œdema of the Glottis*,"—"*Hooping Cough*,"—"*Spasmodic Asthma*,"—and "*Tuberculosis*."

Its general tone does not differ from former essays on the same subject. What is said on Œdema of the Glottis is so valuable in a practical point of view, that we copy it for the benefit of those who may not chance to have the Transactions.

"*The Effects of the Applicatious of the Nitrate of Silver in the Treatment of Œdema of the Glottis.*

In 1852, a work "*On the Surgical Treatment of Polypi of the Larynx, and Œdema of the Glottis*," was published by the author, in which cases of the latter disease are reported as having been successfully treated, as early as 1849, by means of a solution of the nitrate of silver to the affected parts. The happy result which had followed its employment, encouraged the author to commend with much confidence, this method of treating one of the most formidable, and hitherto one of the most fatal of all the diseases of the larynx.

In a paper read before the Edinburgh Medico-Chirurgical Society, by Dr. John Scott, one of the oldest and most distinguished physicians of Edinburgh—a paper which was afterwards published in the *Monthly Journal of Medical Science* for 1850—many interesting cases of laryngeal diseases, successfully treated by topical treatment, are recorded. Among the cases reported by Dr. Scott is one, the particulars of which were furnished him by his friend, Dr. Brown of Edinburgh; which appears to have been a case of œdema of the glottis, following, or being complicated with inflammation of the mucous membrane of the parts. The patient was recovering from an attack of erysipelatous sore throat, when Dr. Brown was sent for, the message being that the patient was dying. 'Meeting fortunately with Dr. Scott,' says Dr. B., 'he accompanied me. The patient had all the appearance of imminent death; his face expressive of extreme terror and anguish; the extremities cold; the pulse hardly to be counted from its rapidity and weakness; the breathing all but impossible, apparently from some affection at the top of the windpipe; the voice was gone. On looking deeply into the throat, the pharynx and top of the larynx were seen of a deep red.

The patient being too weak for bloodletting, and too ill for any slower measures of relief, Dr. Scott applied the solution of the nitrate of silver, which he happened to have with him. He got the sponge completely into the larynx. Mr. S. almost instantly expressed, by signs, his relief. In the evening he could speak a little, and was able to lie down in bed, and was in all respects better. He was blistered, and had calomel and opium.

Next morning he was much better. The sponge was again applied without any difficulty. He recovered rapidly, and has been for more than two years in perfect health, attributing without any hesitation, the saving of his life to the sponge and the caustic.'

The valuable work of Dr. Watson contains his views with regard to the effects of nitrate of silver in the œdematous glottis, together with a record of several cases successfully treated by this remedy; and he expresses the gratification that he has been able to 'come to precisely the same conclusions with myself, as to the strength and mode of application of the solution,' in the management of this disease. He therefore quotes from my work the following directions, which are to be pursued in the employment of this remedy.

'The first application with the sponge-probang should be made to the pharynx and top of the epiglottis; and after a delay of ten or fifteen minutes, the measure may be repeated, and the sponge, wet with the solution, be freely applied to the base of the epiglottis and over the œdematous lips of the glottis. The application should be repeated every hour or two hours, according to the urgency of the disease, and the effect produced by the operation; and an attempt should be made each time to carry the sponge between the lips of the glottis. As the œdema at the opening of the larynx subsides, this may be done, and the application of the caustic solution be made to the interior of the glottis.

'I am inclined to think that the benefit arising from such a practice is brought about by the powerful stimulation of the relaxed vessels of the œdematous organ. Such a condition of the blood-vessels permits a continual increase of the morbid state, whereas, by their contracting under the stimulation, the current of blood within them is quickened, and the effused fluid is partly absorbed into the circulating fluid, partly removed by the new layer of epithelium, which is rapidly found to replace what had perished during the inactivity of the basement membrane, coincident with, and produced by the œdema of its subjacent tissue. Every touch of the probang renews the impulse already given to these restarative processes, and thus the benefit increases in a geometrical ratio, till the cure is finally accomplished.'*

'The action of a solution of caustic,' says Dr. W., on another page, 'applied to a sub-acutely inflamed mucous membrane, might, *a priori*, be expected to produce a beneficial effect on the œdematous glottis; and this expectation has been remarkably fulfilled in my experience.'†"

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* Watson, pp. 57, 58.

† Ib., pp. 54, 55.

THE WESTERN LANCET, commences a new year and a new volume under the exclusive control of DR. GEO. C. BLACKMAN, the eminent Professor of Surgery in the Medical College of Ohio.

The Lancet has always maintained a high standing among the profession, but it is bigger and better than ever before under its present editor.

Seldom if ever has a man at so early an age acquired so enviable a position as a Surgeon as has Dr. B.

THE CALIFORNIA STATE MEDICAL JOURNAL, edited by JOHN F. MORSE, M. D., has come safely to hand. It is a quarterly of 144 pages and shows that that State is by no means wanting in the intellectual material necessary to produce a first rate professional pe riodical.

Will our neighbor of the Gold Regions send us No. 1, as we shall especially prize a full set.

THE MEDICAL DEPARTMENT OF THE UNIVERSITY OF VERMONT seems to be prospering finely. We learn from the Annual University Catalogue just issued that the number of students who attended Medical Lectures at the course of 1856 was 41, of whom 10 Graduated. This is doing well for a new School which comes in direct competition with several old establishments. By the way, what has become of the Woodstock School, we have not seen any announcement of it this year. Is it dead or only resting?

DELINQUENT SUBSCRIBERS AND OUR BLACK LIST.—We are convinced that there are many Physicians throughout the country, who make it a practice to take as many Medical Journals as possible and defraud the publishers of the pay therefor.

Some of our contemporaries have occasionally published a black list of the names of some of these miscreants; we have also concluded to do so, not so much to revenge ourselves as to put our neighbors on their guard as to those who have swindled us.

We shall publish a few at a time as our patience gets exhausted in trying to get our pay, and those who are in arrears for several years are requested to take notice and govern themselves accordingly.

Dr. J. W. C. Veazey, *of Wharton, Texas*, owes for three years and gives no signs of life.

Dr. M. O. Haydock, *Springfield Mass.* Postmaster wrote that he has left town.

Dr. D. H. Batchelder, *Londonderry*, went off without giving any notice.

Dr. F. F. Potter, *Newburyport Mass.* Postmaster at N., says he has gone to Georgetown, Mass., where his Journal was forwarded, but he gives no evidence of his existence there.

Dr. B. W. Sargent, *Rochester*, went west without paying or giving notice.

Dr. B. C. Mulvey, *Saco, Me.*, after taking the Journal three years without paying. refuses to take it from the office. Plain proof of rascality.

This will answer for this month, but next month we shall try it again unless prevented by previous payments. We have many names on our books of thse who owe us for three years and more; they shall be attended to when we get time, but hold onrself ready to make the amend honorable whenever we shall receive a communication such as we have received to-day, and which is as follows:

——————— Jan. 17th, 1857.

Dr. Hubbard, Dear Sir:—Enclosed you will find $4. I have been pleased and instructed in the perusal of the Journal, and the only excuse I have to offer for non-payment is, simply procrastination. Please excuse all this, and I hope to be more sociable in future. Yours, &c. ——————

This is the way to do it and makes full amend for all past neglect. Who will do likewise?

Blancard's Pills of Iodide of Iron.—The Agent for this preparation has sent us a specimen of the pills, of which an advertisement will be found in the annexed sheet. Each pill is represented to contain 5 centigrammes (three-fourths of a grain) of metallic iron, and over this a very thin coating of tolu, which forms a varnish impervious to the air. To be assured of the absence of free iodine, the manufacturer attaches a piece of silver foil on the inside of the cork, which will become coated with iodide should decomposition commence. As a specimen of pharmaceutical skill these pills are deserving of commendation. When a pill is shaken in a test tube with a little water for five or ten minutes the water gives indications of iron and iodine by the appropriate tests, showing that the coating does not prevent the action of that fluid—a fact of importance in relation to their medicinal efficiency.—*American Journal of Pharmacy.*

Poisoning from swallowing Chloroform.—The *Philadelphia Medical Examiner* contains an interesting case of death following the ingestion of about one ounce and a half of chloroform, diluted with about the same quantity of water. The patient was an intemperate woman, who swallowed the liquid by mistake, supposing it to be sweet spirits of nitre. The first symptoms were those of intoxication, followed by insensibility, stertorous breathing, slow feeble pulse, and great contraction of the pupils. She lived for about-six hours, and died asphyxiated, having recovered her senses for several hours before her death. The stomach was paler than usual, except in streaks a quarter of an inch width, from which it was inferred that the organ had been thrown into folds by the irritation of the chloroform, so that only a portion of its surface had been acted on. The mucous membrane was much softened.—*Ibid.*

Paper from Moss.—A Dr. Terry of Detroit, who has been experimenting on a half ton of moss obtained in Lake Superior region, according to the Cleaveland Plaindealer, affirms that it makes beautiful white paper without any peculiar process. The moss is represented to exist in great quantities on Isle Royal and several other localities in the vicinity, and can be procured at a very moderate cost.—*Ibid.*

Death from Drinking Naphtha.—The London Lancet records a case of death from drinking about three ounces of naphtha, used for burning in lamps. The patient was a lad twelve years of age. The symptoms were at first those of excitement, speedily followed by stertorous breathing and a state of collapse. Death took place in less than three hours. At the post-mortem examination, the preservative action of the naphtha was very remarkable. The weather was very hot, and although three days had elapsed since death, all parts of the corpse were as fresh as if the lad had recently died. The blood was everywhere very fluid. The lungs were not at all congested, and the coats of the stomach were found to be very little affected by the presence of the poison. The smell of naphtha pervaded the whole of the tissues, and was very perceptible immediately on opening the head.—*Ibid.*

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DEATH OF F. A. SMITH, M. D.

BY A. B. CROSBY, M. D.

Died at Leominister, Mass., *Dec. 20th,* 1856, Frederick A .Smith, M. D. *Aged* 26.

The deceased was a son of Prof. Albert Smith, of *Peterboro, N. H.*, and was a young man of talent and promise. On the day of his death, Dr. Smith had attended to his professional duties, and it was remarked that he seemed in fine spirits throughout the day. Towards night, having been a short distance out of town, he returned to his lodgings, apparently in good health. His wife having left him in the parlor alone, was startled by a heavy fall, half an hour afterwards. The room was immediately entered, and Dr. Smith found on the floor, having partially raised himself. He seemed conscious, but was unable to articulate, and in five minutes from the time of his fall expired. An autopsy was made, but unfortunately the gentleman who made it, is at present in the West Indies, and the writer is not possessed of the post mortem appearances. It is supposed that his death was due to fatty degeneration of the heart. Certain it is that the deceased entertained the idea while living, that he had an affection of the heart, and remarked it to his friends. The suddenness of his death would seem to favor the supposition.

There is an old Cathedral on the Rhine, whose architect—the legend says—strove to render his name immortal by the majesty of his architecture. Long days he drew his plans on a sandy beach, gazing for inspiration into the deep blue vault of heaven, and listen-ing to the deep, low anthem of the ocean. The tide, as it ebbed and flowed, wiped out his markings in the sand; but day by day he marked again. At length his plans were finished; then through long years he watched the massive pile grow to be among the stately things of earth. One night, a worn and bent old man, he stood upon the tower which alone of all the rest remained unfinished. "To-morrow," he murmured, "it will be finished." "To-morrow I shall triumph." That night he died. What commentary on life and death more significant than this? How vain are the plans of men —how inevitable is death? Especially may we reflect that when we think of him whose sudden death we chronicle, and to whose memory we would pay a tribute. Death is always sudden, always terrible. Even though it come after long weeks and months of weary suffering; who is not impressed by its solemn monition? He of whom we write, in the full vigor of his manhood, with all that makes life worth the having, with the bloom of youth and health upon his cheek, fell, and in the brief fraction of an hour, was no more.

Prepossessing in his personal appearance, Dr. Smith was a man of refined and cultivated taste. His deportment was gentlemanly and his address pleasing. The amenities of social life were highly valued, and the society of the refined and cultivated was ever most acceptable to him. In June, last, Dr. Smith was married to Miss Frances Gregg, of Bellville, N. J., a young lady of brilliant talents and rare social qualities. A community of taste, refinement and affection, seemed to promise for this union long years of happiness. But "black care" lurked within the marriage ring, and the bridal veil has yielded to the funeral pall. "The golden bowl is broken" —the widowed mourner's hope, the father's only son, has passed the "insuperable threshold." Dr. Smith graduated at Dartmouth College in 1852, and immediately commenced the study of his profession. During his college course even, he had devoted himself somewhat to the study of Anatomy, and was thus prepared, both by previous research and inclination, for the acquisition of his chosen profession. Having attended two courses of lectures at the Dartmouth Medical School, he attended a third at the N. Y. Medical College, and was graduated at the former institution in 1855. Immediately after his graduation, he spent a year in the Insane Hospital on Blackwells Island, in the capacity of Assistant Physician, and finally located at Leominster for practice. His facilities for studying his profession were thus excellent, and that he made good use of his opportunities is the testimony of those who knew him best. That he would have been successful as a practitioner, cannot be doubted, and the success which was attending him at the time of his death, is an earnest of the fact. Dr. Smith held a ready pen, and possessed an elegance of diction to which few young men attain. Without doubt if his life had been prolonged, the pages of our medical literature would have been graced by his hand. But like the architect of the Rhine, just as he is about to triumph,

"Death puffs the light,
And shuts the door."

It would be injustice to his memory not to make an especial mention of his fine literary taste. While in college it was remarked by his friends that he was an extensive reader, and his passion for books was always a most observable trait in his character. Thus Shakespeare and Milton were his "Lares and Penates;" he bowed respectfully to the measured periods and pure English of Addison; Lamb and Hood and Blanchard were his familiar friends. Neither did he forget history, on which he was firmly grounded. Thus he was wont to wander through poetry, fiction, history and science, as one who walks in pleasant groves, and culls the flowers and fruits that grow there. He was one who could not only say or write, but could thoroughly appreciate a "good thing."

Just before his death he was engaged in organizing a kind of literary club, and we can fancy the enthusiasm with which he entered upon its details. That it would have proved, under his fostering care a source of profit to all concerned, who can doubt? To Dr. Smith there was a charm in a book, and he enjoyed most when under its influence. Wilson, it is said, flung Virgil from him in an ecstacy, exclaiming, "that the book had a devil." It was the same weird fascination that drew the deceased to a book. That his extensive reading had not been without avail, cannot be questioned by those who have listened to his productions, or engaged with him in conversation.

But the language of friendship, however eloquent, cannot heal the wounds of affection, nor

"Soothe the dull, cold ear of death."

He whose character we have imperfectly considered, has passed the portals whence we all must follow.

> "The battle of our life is brief,
> The alarm, the struggle, the relief,
> Then sleep we, side by side."

The story of his life were an idle tale did it not impress upon us our frail mortality, and teach us to aim at his virtues, and throw around his foibles the mantle of an all-embracing charity.

THE MEDICAL EVIDENCE OF DR. WILLARD PARKER IN THE TRIAL OF HUNTINGTON.

BY LOUIS BAUER, M.D.,

M. R. C. S., E.; Fellow of the Pathological Society of N. Y.; and Surgeon of the Orthopædic Institution of Brooklyn.

The trial of Huntington has kept the public mind excited for a long while. It was particularly the length of time the accused had succeded to carry on his fraudulent operations, and the enormous amount realized by them without being detected, that was largely commented on as a matter of utter astonishment. The plan itself seemed to have been simple enough, and hence the discovery laid bare, in all its meshes, the cobwebs of a grand Wall Street swindle. So plain and glaring were the criminal facts, that the defence had no possible chance of opening, by legal stratagem and lawyer's craft, a loophole wide enough to permit the escape of its client.

Under such circumstances the plea of insanity is most usually resorted to, as was in this case. But alas, Huntington's intellects were in good erder though not brilliant, but his morals were bad, very bad indeed; hence he labored under moral insanity.

That this plea was deceptive, sophistical, the defence seemed to be fully aware. In order to render it tenable, and with reference to the prisoner effectual, medical evidence was to be procured, that derived its principal weight from the prominent position of the witness. Hence Mr. Brady invited Dr. Willard Parker to take cognizance of Huntington's mental condition. Obviously the evidence had no particular desire for Mr. Willard Parker or Dr. Willard Parker, the medical practitioner of Twelfth Street, New York, but Willard Parker, the Professor of the College of Physicians and Surgeons, the President of the Academy of Medicine of New York. The literary authority only was the acceptable personage, and for the shrewdness in appointing the right man the defence deserves all credit.

This circumstance alone should have put Dr. Willard Parker on his guard, and reminded him at once of the responsible position he occupied in the ranks of the medical profession. The more easily Dr. Parker had acquired his prominent position, both as a favorite of the public and the profession, at least in this State; the less that position was sustained by the merits of his literary productions, which in reality are but meagre; the more his scientific reputation had originated with his capacity as a clinical teacher and his immature audience, the more cause Dr. Willard Parker had to preserve and adopt a sound and prudent medical policy, to perpetuate the prestige of science and rectitude he had enjoyed heretofore.

Dr. Willard Parker, however, was not actuated by such motives, and not guided by his usual sagacity. On the contrary he fell headlong into the snare, so cunningly prepared for him.

We should justly hesitate to bring the case under the consideration of the profession, had Dr. Willard Parker injured himself alone, and and did the injury not extend beyond his reputation and personal character. But as it is, it affects the professional credit and honor in general; reduces the professional credibility; defames the medical evidence in its auxiliary relations to public justice, and therefore it calls upon the peofession peremptorily to repudiate the medical testimony of Dr. Willard Parker, in order to protect the honor and dignity of the profession.

Dr. Willard Parker, on the invitation of the defence, paid a visit to Huntington at the tombs; he staid and conversed with the prisoner fully one hour and a half; he learned from the accused that he occasionally suffered from "headache" and "sparks issuing from his eyes;" that he passed "somewhat sleepless nights, dreaming, however, not unpleasantly;" that his alvine evacuations were somewhat irregular; and on a *leading* question, that he had an irresistible disposition towards making paper, obtaining means by it, and keeping a handsome banking account. Besides these individual symptoms, Dr. Parker observed that Huntington had a scrofulous constitution, and a decidedly developed nervous disability, though contradictory. The prisoner appeared "perfectly calm and indifferent," and the allusions to the consequences of his criminal acts, for both his personal character and his family, produced no greater noticeable effect than it would have upon a stone. Otherwise Huntington was perfectly rational, making the Doctor believe that he was fully able to judge his acts, to understand their immediate and remote consequences, though stating that he intended no wrong. His answers to some of the Doctor's questions were shrewed and evasive, particularly as to the appropriation of the fraudulently obtained means; to others he replied in such manner as to mollify public opinion. He denied having indulged in gambling, except once at San Francisco, and having led a debauching life with gay women.

This is about all Dr. Willard Parker elicited from his client, by both conversation and observation, and on this ground Dr. Willard Parker felt justified to infer:

First.—That Huntington had probably a scrofulous disorganization, or defect of some unknown part of the brain, being the source of the moral functions.

Secondly.—That Huntington was morally insane, and consequently irresponsible for the frauds he was charged with.

Thirdly.—That Huntington's moral insanity consisted in a species of monomania for making paper and obtaining means thereby, beyond which his objects, however, could not be traced; and

Fourthly.—That Huntington's intellectual faculties were entirely unimpaired.

We cannot conceal our utter astonishment at the slender ground, or rather the groundlessness, of the premises from which Dr. Willard Parker drew so important and weighty conclusions. We are also grieved and mortified at the self-complacency with which Dr. Parker exposed his superficiality and ignorance on a subject of so grave importance and bearing; we feel indignant at the assumption of Dr. Willard Parker, that the most eminent medical practitioners were unanimous with him on the subject of moral insanity.

Obviously the prisoner was the only party interested in the plea set up by the defence; its recognition by the jury would have decided his intellectual guiltlessness and liberty; and hence it could not surprise, had the prisoner given a statement much more favorable to his cause than he actually did. This circumstance Dr. Parker seemed to have been perfectly ignorant of, otherwise the Doctor would have attached no importance whatever to symptoms that have, even if they were true, but an individual existence, and cannot be tested or sensorially perceived by either the Doctor or any body else. Hence medical jurisprudence advises to take but such morbid appearances or actions into account, that are removed from the possibility of deception or simulation.

Dr. Parker was naive and benevolent enough to take this statement of the prisoner as granted, by which he intended to screen his moral culpability. Dr. Parker was acute enough to occept the overtures of an insane person as solid basis for his pronouncing the prisoner insane, a species of logic that seems of somewhat antediluvian origin, and we are therefore not at all surprised, when the bench and jury adopted a more modern logic, greatly at variance with that of the learned professor.

But admiting, for the sake of argument, the truth of the prisoner's statement, and also the correctness of Dr. Willard Parker's keen observation, we are nevertheless at a loss to conceive the possibility of construing insanity of whatever species on a ground like that. Headache, sparks issuing from the eyes, perturbed sleep, and irregularities of the bowels, are so common complaints, that if they constituted the definition of insanity, the whole world would be a lunatic asylum, in which, no doubt, Dr. Willard Parker would display a prominent figure. But Dr. Willard Parker tells us further, that Huntington had the irresistible passion of making and forging paper to such a degree, that the Doctor, on the authority of Huntington himself, believes the latter would perpetuate this propensity, if enabled to do so. So much the better that the State Government, from the apprehension of Dr. Parker, has taken the prisoner in safe keeping. But let us tarry a little longer about this paper business. If any one should happen to read the evidence of Dr. Willard Parker, disconnected with the trial and the previous history of the defaulter, he may be led to the belief, Huntington indulged in paper making and forging at random, (for Dr. Parker clearly states that beyond that, the prisoner had no conceivable object;) he would expect that Huntington's road through life was covered with forged papers, that his bed-room, or office, or prison were filled with the productions of his aberrated mind; that in leaving Delmonico's Saloon, Mr. Huntington left also the favored resturant under necessity of removing some cart loads of forged papers. But in comparing the evidence of this trial, in general, we find that this sort of paper making was not exactly to the taste of the accused. For the papers he made were comparatively few, the names he forged happened to be such as commanded respect and confidence in financial circles; he did not strew about those papers without any conceivable object, but on the contraay he appropriated them successfully as securities; and he was, in fine, not insensible to their flying about, but redeemed them most usually in due time, so as to prevent the discoveries of his forgeries. Huntington had therefore most conceivable objects in his paper-making business, however inconceivable these objects may have been to the learned professor. To the unbiassed mind it is perfectly clear, that Huntington used all possible shrewdness, precaution and discretion to perpetuate as long as possible a business of a somewhat hazardous, but at the same time so lucrative a character. Huntington, as a journeyman cabinet-maker, would have been worth two dollars or about that a day; but as stock-broker he earned as many thousands of dollars by the minute, an equivalent campensation for a man of his caste.

Dr. Parker tries to persuade the jury that Huntington had no conceivable object beyond that of paper-making and obtaining money by it. If Dr. Willard Parker's opinion was correct, Huntington would at this time be worth almost as much as he obtained fraudulently, for he had no object for the money obtained beyond the money itself. This opinion implies that Huntington was a miser, for whom money is the object, yet the evidence has elicited a far different condition in the *status bonorum* of the prisoner; it tells us that the money is gone in all directions of the wind; that it has been spent by Huntington—spent in luxuries of the most refined descriptions; that he has spent with friends, male and female; that he has squandered it in the most daring speculations; that he has lost it in races and fine horses, and that it has supplied him with the means of an unparalleled liberality to all those who had the good luck, as his homœopathic aid-de-camp, to come in contact with him. These seem to us feasible and conceivable objects—in fact, the chief objects we encounter in almost all criminals, with but few exceptions. And that an experienced eye like that of Dr. Willard Parker, should not have perceived those objects, is rather singular.

What still remains from the premises of Dr. Parker tends to show clearly, that Huntington was fully possessed of his intellectual faculties; that he knew well to discriminate between right and wrong, between causes and effects; that he anticipated the consequences of his daring criminal acts, and all his energy was therefore directed to one point, namely, to get out of this unpleasant situation with as little concession and prejudice to his character as possible. To obtain that desirable result, he was so calm, so collected, when Dr. Parker conversed with him; with this result in view, the answers of Huntington were evasive and shrewd; for this object Huntington could not be persuaded to admit his guilt, his recklessness. But did he assert having acted right? No! He intended no wrong! A very common answer given by criminals!

But assuming that Dr. Willard Parker indulged in the opinion of the existence of moral insanity individually, but was as yet not prepared to bring his views in conformity with medical science and experience, then he had no right to accept the responsible position of a medical witness, to attempt defeating the ends of justice with sophistical fictions and dreams; to discredit the honor and dignity of the medical profession by his absurdities, and in fine to throw the responsibility upon the proffssion at large, for an empty notion so ludicrous and chimerical. If a man is intellectually free to judge the nature of his acts, if he is sound in his mind as Dr. Willard Parker pronounces Huntington to be, it follows conclusively that he is also morally responsible for every act he commits, good or evil. If his morals are without discipline and his propensities irrresistible; if he prefers the mementary indulgence of his passions to the name of an honest and respectable man; if he takes rather the spitlicking servility of individuals who derive benefit from his crimes, to the real esteem of his fellow citizens; and in fine. if a living made by crime is more seducive than that by hard labor, he must abide by the consequences, and raise no demur when the sword of justice separates him from the free. brave and honest.

Indeed, if theories and dectrines like those of Dr. Willard Parker should be permitted to gain ground, the order of society would soon be dissolved, confidence and credit in the relations of business sadly shaken; for every criminal would raise the plea of moral insanity. How could he resist thieving if the bump of honesty is degenerated or defective? how could he evade committing murder if the appropriate bump is laboring under a diseased condition, of the seat and nature of which Dr. Willard Parker has no earthly imagination?

But the common-sensed jury was above the absurdities of a sophisticated Professor; they saved at least the dignity of public justice. For us it remains to protect science, against the vanity and ignorance of men who trifle and experiment with its sacred destiny.

The public as well as the profession is aware that Professor (?) Fowler handles the brains of human beings like a bundle of hay; he knows every fibre, every irradiation, every small eminence and impression of the brain; he is, moreever, acquainted with the functions of that organ as no physiologist living. The knowledge of Brown-Sequard, Marshal Hall, Bennet Dowler, Raymak, and many others, though acquired by incessant studies, research, and microscopical examination of the brain of both men and animals, yet, compared with that profound knowledge of Professor Fowler, theirs is trash and vain nonsense.

Audacious and assumptive as the assertions of Professor Fowler are, however, he has as yet not thought it prudent or expedient to establish the dobtrine of moral insanity. For Dr. Parker has been preserved the honor of this original invention, and he shall earn the credit for it. Dr. Parker is the great discoverer of the "bump of paper making and forgery." Dr. Parker will undoubtedly acquire world-wide reputation by his discovery, and he deserves it too. Prominent as the position of Dr. Willard Parker has been hitherto within the medical profession, he has raised himself still higher upon so elevated a pinnacle that the profession can reach him no more. Under these circumstances the request on the part of the profession is fully justifiable, not to be nsed as the foundation block of his altitude.

With reference to Dr. Parker, we are surprised no more about anything he does or undertakes, not even if he should open a craniological shop in Chatham Square.

Meanwhile the profession chooses to work along on its laborious task, as their conceivable object is of a more sublime nature than that of public notoriety.

Mr. Noyes, the public prosecutor, had the misforture of considerably shaking the self-confidence of Dr. Parker, obviously displayed under the examination of the defence. He succeeded in eliciting admissions from the Doctor, which were rather contradictory with those he made on previous occasions.

Among others he stated, that although Huntington had decidedly a conscience, yet that conscience did not exactly act like others', especially honest men's; with other words, he had none; furthermore that Huntington was aware of the criminality of his acts, and their consequences, though the defective organization of his brain actuated him in spite of his better judgment. He thought that even Huntington knew he did wrong at the time of their committal, and expressed his conviction thus far; that Huntington had intended and attempted restitution. But, alas, the Doctor left this road of correct understanding and conception, soon again for the worse; he became a real spiritualist, and in the state of spiritual ecstasies he *saw* the headache of Huntington, the sparks that issued from his eyes, and seemed even to have counted the stools of his client. Huntington was, in his opinion, not only insane at the time of their interview, but also at the time when he committted the forgery. Thus Dr. Parker's spiritual divination descends even to the past, and at this juncture we shall leave the Doctor to his somnambulistic rapture.

Am. Med. Gazette.

ON THE MEDICAL PROPERTIES OF VERATRUM VIRIDE.

BY DAVID HUTCHINSON, M.D.,

Of Moorsville, Ind. (Read before the Hendricks Co. Medical Society, Ind., Nov. 26, 1856.)

We propose to present this Society with a report on the medicinal properties of veratrum viride, an article that has been but recently brought before our notice, and from the reports in our medical journals, and the experience that we have had in the treatment of diseases with this article, we have been almost led to conclude, that it is the *magnum donum Dei* of the materia medica to the human race. It has been only about three years, since the attention of physicians in this section of country was called to the various medicinal powers of this article. In 1853, Dr. Norwood, of South Carolina, published a short article in the American Journal of the Medical Sciences, detailing its properties and the success that he had met with in the treatment of fevers. In the Transactions of the National Medical Association in 1852, Dr. Clapp. of New Albany, refers to it in his report on medical botany, and speaks of it on the authority of Drs. Tully and Osgood, as a deobstruent or alterative, an acrid emetic, epispastic, and errhine. Its narcotic effects are manifested by some somnolency, dimness of sight, faintness, dilated pupils, vertigo, headache, hiccough, with muscular debility, slow compressible pulse, which sometimes falls to 35 or 40 a minute. It is also spoken of in the same volume of the Transactions by Dr. Price, as a valuable remedy in typhoid fever.

That we may take an impartial view of the value of veratrum viride, as a therapeutic agent, it will be necessary to take into considerration the medical history of the past ten years. Those of you, who were then in practice, recollect very well, that quinine was the remedy, and if the patient died, you would resolve to be less sparing the next time, and give enough! Our diseases began to change their type. In 1848, we met with an occasional case of typhoid fever. We had the disease to study. The Journals contained frequent notices of it, Wood's practice was eagerly sought after, and for a time, all the patients got oil of turpentine. In 1849, the number of typhoid cases increased, and during that year, cholera morbus, diarrhœa, and dysentery prevailed. In 1850—51—52 and 53, we not only had typhoid fever, but in 52 and 53, dysentery and scarlatina prevailed in a very malignant form. Since 1854, the type of disease has been again changing. That year, our diseases were nearly all remittent and intermittent, but few having been of a typhoid character.

Thus, you see that the last ten years have presented to us a field of observation as interesting as ever fell to the lot of any practitioner. I mention these circumstances, that we may not be too sanguine in supposing that veratrum viride will always cure. It does fail to cure every case; and let it be borne in mind, that the cases which we have had, since veratrum viride has been in general use among us as a medicine, have not been marked with the same malignancy that they were when we had the typhoid fever among us. We believe it to be the general course of epidemic and endemic diseases, that in point of malignancy, the first cases are the most severe. After a disease has existed for some time, its force becomes mitigated, and a greater number of cases recover towards its close, than at its commencement. Whether veratrum viride is the remedy *par excellence* for typhoid fever, is yet a question, *sub judice;* but that it possesses active medicinal properties, and is very valuable in typhoid fever, and other diseases, our own experience has amply confirmed.

It would extend this paper to too great a length, to detail all the cases from day to day, in which we have used veratrum viride. We will, therefore, give the outlines of a few in which its effects have been well marked.

Case 1.—Mrs. D., aged 46, March 1854, came under my care, with a sever attack of pneumonia. The treatment adopted for the first six days was that, which is usual in pneumonia, moderate bleeding, tartar emetic, calomel and opium, cathartics, &c., which appeared to exercise an influence on the disease, and I thought would be adequate to effect a cure. However, she continued to have a low grade of fever, dyspnœa, and rust colored sputa. On the evening of the sixth day, she became very restless, and labered under great dyspnœa, pulse small and frequent, from 120 to 130 per minute. She was ordered tinct. veratrum viride, 5 drops every two hours. After taking the third dose, she vomited freely, and threw up a large quantity of tough viscid mucus. The pulse came down to 75 per minute, and the breathing became easy. The veratrum was continued for three days, almost without any other medicine, when it was evident that she was convalescent, and speedily recovered. In this case the effect of the remedy was decided.

Case 2.—W. M., aged 10, March 9th, 1855, chilly sensations, pulse 110, sharp pain in left side of chest, rust colored sputa. Treatment, calomel and ipecac, to vomit and purge, and tinct. veratrum viride, 2 drops every 2 hours.

10.—Pulse 100 sharp, skin hot, rust colored sputa, give tinct. veratrum, 3 drops every two hours, calomel and pulv. doveri.

This treatment was continued till the 17th, when the lung symptoms had entirely disappeared, the appetite returned, and the patient was fairly convalescent.

Case. 3.—Mrs. M. H., aged 24, March 17th, 1855, taken with chill, followed by fever, of an active grade; pulse 120 per minute, cough frequent; expectoration, mucus tinged with blood; tongue broad and flabby; gave tinct. veratrum viride, 5 drops every three hours, and a dose of compound cathartic pills.

18.—Fever less, expectorates freely, pulse reduced to 100 per minute, continue veratrum.

19.—Pulse 80 per minute, no pain in chest, no more rust colored sputa, expectorates freely, bowels well acted on, continue veratrum.

20 and 21.—Still better, pulse 70, no pain in chest, expectoration copious, continue veratrum with paregoric as an expectorant.

22.—Had chill, followed by fever, tongue dry, tendency to diarrhœa, give hydrarg. cum. creta, with pulv. doveri; continue veratrum.

23 and 24.—Less fever, tongue cleaning, expectoration free and easy, pulse 80 per minute, passing worms, give oleum terebinth, as an anthelmintic; continue veratrum.

28.—She gradually improved, there was very little febrile excitement; cough and expectoration diminished, and she was now placed on tonics and wine, and made a speedy recovery.

Case. 4.—E. J., aged 23, taken March 24th, 1855, with chill followed by fever, pain in inferior part of left lung, pulse hard and frequent, expectoration tinged with blood; venesect. 16 ounces.—Give tinct. veratrum viride, 4 drops every two hours, till vomiting is produced. The dose was gradually increased to 7 drops, free emesis took place, the pulse rapidly came down, and the dose of veratrum was diminished.

25.—Much improved, no pain in chest, pulse slow, 60 per minute, has vomited a great deal of bile. Give mercurial cathartic, and continue veratrum.

26.—No pain in chest, pulse slow and soft, expectoration free but slightly tinged with blood, tongue moist. Give mercurial cathartic, and continue veratrum.

26.—No pain in chest, pulse slow and soft, expectoration free but slightly tinged with blood, tongue moist. Give mercurial cathartic, continue veratrum.

27.—Veratrum made him very sick, and it was laid aside during the night. This morning more fever, pulse harder, more pain in chest, sputa tinged with blood, ordered veratrum again and 6 grains blue mass.

29.—Pulse soft and slow. complains of tightness in chest, coughs little, expectoration but slightly tinged with blood. Give calomel, 5 grains, continue veratrum as an expectorant.

30 and 31.—Pulse natural, coughs but little, appetite returning, Give mercurial cathartic and continue veratrum as an expectorant. I will add, that he required but little other treatment, as he speedily recovered.

Case 5.—E. S., sister to the foregoing patient. Taken April 5th, 1855, with chill followed by fever, tightness and pain in chest, cough and bloody expectoration, frequent sharp pulse, bled 16 ounces, gave tinct. veratrum viride, and mild mercurial alteratives. She had been in delicate health for more than a year. Her case was marked by much nervous agitation, and tendency to excess of purging. In the course of two days' treatment, the bloody expectoration subsided, but the febrile action continued, the veratrum was continued without the usual effect of bringing down the pulse being produced; it produced vomiting of a green fluid; the nervous system appeared to be insensible to its effects. She suffered much internal distress, and although I was led to suspect that the remedy was rather inefficiently administered by the nurses, yet she labored under disease of a very severe character, which probably would not have yielded to any remedy. She died on the 8th day of her illness, suffering much from abdominal pain.

I might detail other cases of a pneumonic character, in which I have used veratrum viride, with the most decided effects. Let these suffice for the present, and I would take the liberty of remarking, that I have found the remedy more decided and prompt in its beneficial effects in diseases of the lungs and air passages, than in fevers. And especially I would insist on its employment as a remedy in croup, more efficient than ipecachuana, or tartarised antimony, or the alum emetic, so highly recommended by Dr. Meigs. The veratrum viride has succeeded in my hands, when other remedies have failed; this success was well exemplified in the case of croup reported to you, at our last meeting.*

I have used the remedy in typhoid fever, and although its influence was not so prompt and decided as in pneumonia, yet we have

Vide p. 80.

no remedy that exherts as much beneficial influence as this one, more especially when the pulse is frequent, and the febrile action high. In cases where the pulse was slow, and the febrile action moderate, I have not found it of much value. I will give a brief abstract of a few cases, treated by the veratrum, and in which, but little other medicine was used.

Case 1.—May 1854, J. M., aged 35, with well marked symptoms of typhoid fever, pulse 120, sharp and small, tendency to diarrhœa, gurgling in right iliac region, dry parched tongue, slowness and difficulty in protrusion, pain in head and back. Given tinct. veratrum viride, 4 drops every two hours, and pill plumb. acet. et opii, to restrain bowels. The third dose of the veratrum viride, brought on vomiting of a green glutinous fluid, and brought down the pulse to 60 per minute, which never rose again above 90 per minute, during his sickness. The veratrum was continued in small doses, for ten days, when it was evident that he was rapidly improving, and he made a speedy recovery.

Case 2.—April 1854, called to Miss Y., aged 23, taken with slight chill, followed by fever, pulse small. sharp, and jerking, 130 per minute, dry, red tongue, pain in head and back, delirium at night, gurgling in right iliac region, diarrhœa, soreness of flesh and joints, simulating Rheumatism. She was treated for three days, with small doses of calomel and dover powders, as an alterative and anodyne. She gradually got worse. The diarrhœa became copious and exhausting, she had some involuntary stools, and tympanitic abdomen, violent delirium, requiring two persons to keep her in bed. At this stage of the disease, she was given tinct. veratrum viride, 5 drops every two hours, and pill plumb. acet. et opii, to restrain the bowels. At the end of the second day she vomited a green fluid, after which the pulse came down to 90 per minute, and the bowels were less inclined to purge. The veratrum was continued in doses of 4 drops, every two hours, which kept the febrile action in moderation, and about every other day, she vomited a green fluid from the stomach. After the evacuation of this fluid, the fever and nervous agitation would abate. The tongue cleaned under the influence of the veratrum, the sordes left the teeth, and although she had a parotid abscess, a sequence of the fever, yet she rapidly convalesced, and in a few weeks from the beginning of the disease, was able to go about the neighborhood. And here, I would remark, that in more cases than one, I have seen sordes disappear from the teeth, in less than twenty-four hours after vomiting with veratrum viride.

Some weeks after she recovered from fever, she was taken with chorea. The spasmodic actions principally confined to the right side, and were very severe, destroying to a great extent the power of locomotion. Five days' treatment with oxide of zinc, in appropriate doses, and infusion of cimicifuga entirely relieved the spasmodic actions of the muscles, after which she gained flesh and strength very fast, and as far as I know, has had good health ever since.

[Want of space compels us to omit the details of other cases.—Ed.]

These are a few of the cases, I have treated with veratrum viride. It may be objected, that the cases are not reported in full. In making this report, I have kept two objects in view, viz: The diagnosis of the diseases, and the effects of the remedy in these diseases. In the cases of typhoid fever reported, all the diagnostic symptoms were present, although they may not be definitely stated in the report. In the pneumonic cases, besides the general symptoms in every case, the stethoscope was had recourse to, and the physical signs brought to bear in forming a diagnosis. A few words as to the *modus operandi* of veratrum viride will close this paper. Norwood assigns eight properties to it, the most prominent of which are, its emetic and sedative effects on the arterial system. It is said to contain the principle *veratria*, which is analogous to the principle of colchicum, but differing from the cumulative effects of colchicum and digitalis in this respect, that, it may be continued from day to day, without any very bad effects being produced. The effects of veratrum on the circulation, are to a great degree like colchicum; the effects on the bowels are very different. In no instance have I found veratrum to purge. Like colchicum, and digitalis, its powers are cumulative, frequently requiring several doses to bring down the pulse, or to produce emesis. Its influence in cleansing the liver, is greater than that of any other article, with which I am acquainted. It is best adapted to cases, accompanied with frequent pulse, and those in which a good deal of nervous irritation exists. The pulse produced by veratrum, is, *sui generis*, and once recognized, is easily recognized again. For convenience, I have styled it, the *veratrum* pulse. I have frequently brought down a pulse of 130 per minute, as low as 60, and sometimes as low as 40. It has become fashionable to administer it, in conjunction with paregoric and spirits of nitre. I do not know that the combination is of any value in aiding the effects of the remedy. The dose is easier proportioned by giving it single. It is highly spoken of in rheumatism. There is a case of cynanche trachealis cured by it, reported in the September No. of the Medical Observer. I have no doubt of its value in this disease, from my experience with it in croup, and I am in the habit of adding it to my expectorant mixtures, in bronchial irritation. It is rather remarkable, that the Eclectics have not stolen this article from us, as they have all their other knowledge of the materia medica. And here, I would remark, that the time has come when we ought to pay more attention to our indigenous materia medica. There are many articles of which we might avail ourselves.

I hope, gentlemen, you will not delay in reporting your experience with veratrum viride. I know that all of you, have had experience in its use, and it is now high time, that it occupied a prominent place in our materia medica.

[We append the case of croup referred to in the Essay.—Ed.]

March 23, 1855, 8 o'clock, A. M., was called to A. Greeson, aged three years; patient had been hoarse for the last two days. Breathing whistling, voice stridulous, pulse very frequent, at least 150 per minute, and quick. Tonsils covered with exudations of lymph. Gave alum emetic, according to the practice of Dr. Meigs, left 4 doses more, to be given every twenty minutes, till emesis tood place. Called again in two hours; he had taken all the alum without vomiting; pulse still frequent, breathing whistling, stupor approaching. Gave tinct. veratrum viride, 5 drops, every twenty minutes. Returned to see him again in two hours, had taken 4 doses of veratrum, slight vomiting was produced, pulse not so frequent, breathing a little easier, still inclines to stupor. Abstracted 4 ounces of blood, from vein at the ankle. Continued the veratrum every half hour. Called again in two more hours; pulse down to 60 per minute, swelling of tonsils subsiding, breathes easy, does not incline to stupor, takes notice of objects around him, has not passed any urine for nearly 24 hours. Gave calomel and squills, of each one grain, continue veratrum, 5 drops every hour.

Called again at 12 o'clock, midnight, has vomited a little, pulse 80, soft, breathes easy. Gave calomel to move the bowels and continue veratrum.

24th—8 o'clock, A. M., nearly free of croup symptoms; continue veratrum in smaller doses. Give cathartic and diuretic, as he has passed but a few drops of urine. He required no further treatment, as he rapidly recovered and is yet living.

The most remarkable circumstance in this case, was the quantity of veratrum administered, with the happiest result. He took in twenty-four hours, one ounce of the tincture, without producing vomiting to any extent; but it speedily reduced the inflammation of the throat and air passages. I have since used it in other cases of croup, with the best effects.—*Western Lancet.*

ON THE GENERAL USE OF CHLOROFORM.

BY DR. M'LEOD.

In the Medical and Surgical Society of London, (May 1856) Dr. M'Leod read the following paper : On the general use of Chloroform.

The author began by remarking on the necessity which existed for all surgeons clearly making up their minds on this important subject, and thoroughly studying the question in all its bearings.—He proposed to run rapidly over the different points of practical moment presented by a consideration of anæsthesia ; and to submit the question as clearly as possible before the society, with a view of eliciting from its members an expression of their opinion on the subject. Dr. M'Leod referred at the outset to the experiments of Mr. Nunnely and Dr. Simpson, instituted for the purpose of determining the relative value of different anæsthetics, and stated his intention of confining his observations in what followed to chloroform, as being the only anæsthetic of practical value. He then reviewed the different hypotheses which had been started to explain the physiological action of anæsthetics when inhaled, and gave his adhesion to that view which ascribed it to absorption into the blood, and its being thereby carried to the nervous centres. The fact that both the chloroform and ether can be detected in the flesh and blood for a considerable period after they have been inhaled, the author thought, went a considerable way to support that view Dr. M'Leod then dwelt on the modes in which anæsthetics, when inhaled, might cause death. He showed that in those cases which had ended fatally, as well as in experiments conducted on animals to determine the question, the most constant appearances were these—1, a highly congested state of the pulmonary tissues ; 2nd, an engorged state of the right side of the heart, and an empty state of the left ; in other cases, a flaccid condition of the whole organ ; 3rd, a congested state of the brain. These with an altered condition of the blood itself, seemed to be attributable to the drug. Death, then, had been ascribed to—First, asphyxia, caused according to some, by the arrest of the chemical changes carried on in the lungs ; and, according to others by the capilliary vessels of the lungs ; Second, to coma, caused by the action of the vapor in the nervous centres ; and third, to syncope, caused either through the various centres, or from the overaction of the blood in the heart itself. From a careful consideration of the fatal causes, death, the author thought, was sometimes due to one of these modes, and sometimes to another, and at times to two or more of them combined. He showed that all arose from the employment of the vapor too little diluted with atmospheric air, and were to be avoided by carefully guarding against such an error in the administration. Dr. M'Leod next alluded to the fallacy of allowing theoretical notions, as to what parts of the nervous system are at any particular period of the administration being implicated, or as to how many drops are necessary to produce such and such effects, to interfere in the practical employment of anæsthetics. Such attemps only withdraw the mind from the real points of importance, and lead to erroneous practice. He contended that all apparatus was not only uncalled for, but absolutely injurious, as tending to frighten the patient, and prevent the escape of the expired breath. He said it mattered not whether we measured the amount of the liquid the patient had inhaled or not, so long as we are guided by effects. The propriety of keeping the patient from food for some hours previous to the administration of the anæsthetic, the necesity for quiet during the administration, and of allowing a free circulation of pure air around the patient, were dwelt upon, and great weight was put on the recumbent position being assumed in all cases during the exhibition. The removal of all constrictions of dress about the neck and chest was insisted on, as well as the necesity of observing the temperature of the apartment, as Dr. Snow had shown how great a difference existed in the amount of vapor set free at different elevations of temperature.—The advantages of bringing the patient rapidly under the influence of the drug, while a large amount of atmospheric air was at the same time admitted, was pointed out, and the author proceeded to show that the discrepancy of opinion as to the "*upholding effects*" of chloroform arose from the degree of action established; that, if not carried beyond a certain point, the effect was certainly of a supporting character; and that the depression spoken of by observers was the result of a larger amount of vapor being administered than was justifiable. The respiration was shown to be the great guide in the administration of chloroform. The eye, too, being upturned and fixed, afforded no information as to the establishment of the action, but neither the pulse nor the pupil communicated anything. The propriety of observing the color of the lips and countenance, and also the flow of blood from the cut vessels, was declared to be of consequence as affording indications of the approach of syncope. The author stated his conviction that age, sex, diathesis, idiosyncrasy, were matters of indifference in administering chloroform, if we are guided by effects. Having referred to the combined use of chloroform and ether, the author went on to speak of the proper steps to be taken in the event of an overdose. As the chief danger was seen to arise from the use of the vapor in a state of too great density, or from its accumulation in the system, the great remedy was shown to be the free admission of pure air, and the employment of artificial respiration, if the patient was too deeply affected to work off the over charge by his own exertions.—The wonderful manner in which the respiratory movements may be excited by galvanism was then referred to. The method of raising the epiglottis by the finger, or by drawing forward the tongue, as recommended by M. Regneult, was strongly advocated, and the assistance obtained in producing the desired result by dashing cold water on the face and chest noticed. If the danger arose from syncope, the propriety of applying stimulants to the nostrils, and using them by the rectum, or the direct stimulatiou of the heart by needles, or the actual cautery, were pointed out. The method of inverting the patient, recommended by M. Nelaton in such cases, was also detailed. No fluids should be given by the mouth for some time, till the patient had become conscious.

The author summed up this part of the subject by recommending in all cases the admission of a stream of fresh air, the drawing forward of the tongue, and the application of cold water to the face and chest. If death appeared to approach by syncope, stimulate the heart in one of the ways mentioned, and depress the upper part of the body. If by coma, or asphyxia, use artificial respiration produced by the hands, or electricity. The use of anæsthesia in the practice of medicine was then shortly reviewed, and shown to be chiefly attended with benefit in relieving pain, however arising. Its employment in many diseases, implying lesions of sensation and motion, was dwelt on, together with its use in cases of mental affections. In the paroxysms of many spasmodic and neuralgic affections, it was shown to be invaluable. Surgery, however, was declared to be the real province of anæsthesia, and that in which its benefits were more greatfully recognized. The advantages accruing to both the surgeon and patient, were pointed out, and the cases in which it was employed were stated to be reducable to those in which pain or spasm were to be allayed. Dr. M'Leod emphaticaliy denies that there was anything in gun shot wounds which made the use of anæsthesia in these less beneficial than in the same accidents of civil life, and he contended that as the pain and suffer-in these cases were very great, so much the more necessity existed for its use. He stated his conviction that the mental state of the patients, who were the recipients of these two species of injuries made no real difference in this question. Shock and pain were both the most frightful causes of a fatal issue both in primary and secondary operations; and as these two evils were avoided by the employment of anæsthesia, we should naturally expect to find that the mortality succeeding capital operations had decreased since the use of anæsthesia had become general, and this the author would presently show was the fact. In the examination, adjustment, and dressing of injuries, in the employment of instruments to cure disease, in the reduction of Hernia, and dislocations, and, in short, in all those instances in which the surgeon's interference caused pain, or in which it was desirable to prevent any muscular opposition on the part of the patient, the use of anæsthesia was shown to be invaluable. Its use in tetanus during the war was spoken of, and the fact stated that in one well marked case at least its continued use had been followed by recovery. Dr. M'Leod thought that in the General Hospital its use had been, beyond all question, successful, and he did not agree with Mr. Monat, who had read a paper on the subject at a former meeting, that in the cases there or elsewhere it could be fairly said to have produced any disagreable consequences. The very few cases in which it had been said to have given rise to unpleasant or fatal effects contrasted strongly with the multitude in which it had been successful, in which it had obviated pain and saved life. The writer next glanced at the various objections which had at various times been made to the use of anæsthesia, and showed how false both theory and practice had proved them to be. He also alluded to the many operations which were now practicable and hopeful, which before the discovery of anæsthesia were unattainable. To military surgeons, the detection of feigned disease was a matter of simplicity, and many of the questions which divided them in opinion were now much changed in their bearings.—All objections to primary amputations were now set aside and the doctrine of "making the knife follow the ball," had received a new and important support. The writer expressed his strong conviction that shock was not established till some time (the direction being different in different injuries, and persons) after the receipt of an injury, as by a ball, and he said he felt sanguine that an operation under chloroform performed in this interval, would obviate much of the succeeding shock, by removing its cause. He was sorry that during the last seige, which was so manifestly favorable for testing this, so few attemps had been made to carry it out. In conclusion the author having stated his opinion that no case absolutely forbade the use of chloroform, referred to those in which its administration should be carefully watched. Operations on the back of the mouth, from the danger of blood getting into the throat; cases of severe hæmorrhage, or long suppuration from the activity of the absorption ; acute disease of the lungs from the irritation caused; disease of the heart, particularly in active dilation, with weakening of the organ, on account of the fear of fatal syncope; aneurismal disease of the aorta or marked apoplectic diathesis; and cases in which fatty degeneration may be suspected. These seem to comprise all those cases in which extra caution was necessary. That care should be taken that the agent employed should be pure was insisted on, and the tests to determine the presence of adulterations were stated. Dr. M'Leod next gave the statistics furnished by Mr. Skey, Dr.'s Simpson and Snow, and MM. Velpeau and Bouissau, as affording a large amount of evidence in favor of chloroform in surgery, as not only proving its beneficial influence in relieving pain, but in directly saving human life; and he stated that while, during the past war, it had been administered in innumerable instances, only one death had followed its use; and in that case the patient was not placed in the recumbent posture. While expressing his own belief that, if administered with proper caution, chloroform, might, with perfect safety, be employed in all those cases which fall to the care of the military surgeon, in which it is desirable to overcome pain or spasm, or muscular exertion, the author called on the members of the society to give a clear and decided verdict on this important subject, founded on the experience of this great war, which would forever put this question at rest, and remove all doubts as to their appreciation of the immense benefits bestowed on humanity by anæsthetics.

Dr. Blenkins understood the author to say, that only one fatal case had taken place, whereas he believed more had occurred.—He felt very much obliged to Dr. M'Leod for a highly interesting paper, and considered the author had gone most fully into his subject. He (Dr. Blenkins) trusted that each individual would give his experience of the use of chloroform, without any view to opposition, but for the benefit of all. In his practice, chloroform had been just as successful in the Crimea, in severe operation, as at home; and he quite agreed with the author, that there is no difference in the effects of accidents in civil and military life; he had not seen any ill effects in any one of his cases. He did not regard chloroform as a drug to be treated with carelessness and indifference, but with great care; we should watch the pulse and respiration. Objections should not be made to its use in easy operations with out a fatal termination. He remembered one case, that of an old soldier, where the patient was a very long time before he perfectly recovered; but this was owing to the length of time it took to get him under the influence of the drug; and this, again, was accounted for by his addiction to strong drinks. The theory of its action would occupy too much time for him to enter upon now.—He expressed his conviction that chloroform acts through the blood and looked on it as a remedy requiring vigilance in its use. He had operated fifteen times under its influence, besides having given it in tetanus, fits, &c. He believed it to act as a stimulus, and to raise the pulse when low. On one occasion he was obliged to remove the head of the femur at night, with only one assistant, and he believed it almost impossible to have done so without the aid of chloroform. In conclusion he begged to state that all his observations agreed with those of the author.

Dr. Sall considered that the society was much indebted to Dr. M'Leod for the very valuable and lucid paper which he had just read; and as we are not confined to day to the discussion of chloroform in cases of gun-shot wounds, he begged to state that he had used it with the most marked success in cases of delirium tremens, and he had found it a more beneficial mode of treatment than the stimulo-narcotic plan. He then alluded to the case of a youth in a band of the 93rd Regiment, who after suffering much distress of mind, from disappointment, relapsed into a state resembling hysteria, accompanied by a complete cataleptic condition, in which he remained for twelve hours. In this case a variety of stimulating plans of treatment were tried without success, but under the anæsthetic use of chloroform the boy quite recovered. He considered that in the administration of chloroform there were two things necessary to be borne in mind—the purity of the drug, and the correct mode of administering it. He (Dr. Sall) had never witnessed an unfortunate result from its use.

Dr. Bowen had never heard a more practical paper, and he agreed entirely in the views of the author. He had seen anæsthetic agents used for the last six years, and had given them himself between 2000 and 3000 times. He considered that the best mode of administration was by means of a napkin, as now stated by Dr. M'Leod. As regarding the purity of the drug, he was only surprised that more accidents had not happened from its frequent impurity. He had detected both free chlorine and pure muriatic acid in different samples furnished twelve months since to the Military Hospital at Plymouth. It had been given by himself for fourteen hours to one woman; and Professor Simpson, in a case of convulsion in an infant, had given 100 ounces within a period of two weeks, with most beneficial results. He had been informed by the Russians, that throughout the siege chloroform had been used with only one or two fatal results, which was not surprising under the circumstances: it apperred that their mode of administering it was the same as that now recommended.

Mr. Howard considered that in delirium tremens it was invaluable; by its means he had procured sleep, when opium could no longer be given with safety, and after every other means had absolutely failed.—*Lancet*, *Oct.*—*N. O. Med. and Surg. Journal.*

NEW REMEDIES.

BY R. E. HAUGHTON, M. D.,
Of Richmond, Indiana.

In writing upon this subject, I shall speak the convictions of my own mind, and in speaking of any remedy shall do so from the experience I have had with it, and the benefit derived from it over others of a peculiar class, remedially speaking. Occupying the platform, which I regard the true one in medicine, that the whole materia medica is presented to those who minister to the suffering, to those whose duty it is to mitigate pain, and relieve the distressed, and that I am left to choose, as one of *those*, what remedy I shall use; and believing that I am just as much entitled to use one remedy as another, especially if that remedy is calculated to do more good than another. Nature has opened her storehouse and we may range her fields over, and all her remedies are ours. There is too much conservatism in the ranks of our profession in regard to the use of new remedial agents. The true doctrine of conservatism I regard to be the selection of such remedies, with all the aids of science, as are best calculated to remove morbid action, and with the greatest possible ease and certainty. The division of men into sects and parties, each claiming that *they* have all the lights of science and experience, is calculated to bewilder, while there is no truth in the position. However much men may claim to be liberal, there is no truth in it when they condemn others. Investigate calmly and dispassionately, and then decide for or against the use of remedies, each one for himself, and the science of medicine will be progressive, and its votaries more skillful in combating disease. The age in which we live is progressive, and we cannot, we ought not, to be so conservative that we will not improve, change, or modify the treatment of disease as was taught and practiced twenty years ago. New remedies are being brought to light by the aids of science; chemistry has opened the vision to almost unexplored fields of investigation, and new remedies are introduced to the inquiring mind, with which, *equipped*, he shall go forth to the mastery of disease, with increased confidence in the efficacy of his means. Humanity demands of us this much. Too much conservatism is a clog to the wheels of improvement, and should be thrown off as an incubus. which is weighing down the energies of noble minds in the profession.

First, then, I will speak of some remedies which are classed as alteratives, and which in their action produce decided changes in the functions of particular organs. The active principle of the podophyllum peltatum was obtained by Mr. Hodgson, of Philadelphia, and called by him podophylline, and which is the active property of the root. The crude article or root of podophyllum is an active cathartic, with a tendency to act upon the liver, augmenting its secretion. Now, in the first place, if this remedy (the active principle) will act certainly and efficiently upon the liver with mildness, there are several reasons why we should use it more commonly than we do. I do not argue now that one remedy can always fill the same indication in all cases, yet we find that calomel has been the remedy of the profession, as alterative and cathartic, and which more than most others has been abused, and the strongest predjudices of the human mind have been arrayed against it; therefore if we can use any remedy which will fill all the indications of calomel, and does not expose the patient to the risk of its after effects, we have advanced to the position of more enlightened practitioners than those who once said, there is no other remedy that *will do*, and the patient swallows the bolus, and ptyalism, with all its dreaded suffering, is the result. I was brought to these views and investigations in my early practice, where two older physicians, of twenty years' experience, almost invariably produced the secondary action of this common remedy—calomel—upon their patients. I determined that disease could be treated successfully without this abuse of remedies, and used it also, but without its evil consequences. I began to use other remedies for the same purpose, and succeeded quite as well, and in many cases much better. There are cases which will not bear a blue pill without its specific action, and in those cases I found that podophyllum combined with leptandrin, in the proportion of 1-2 grain of the former to 3 or 4 grains of the latter, is a most reliable and efficient alterative, producing no nausea, pain or unpleasant symptoms, and may be given in proper quantities, regulated (by the age of the patient) to all ages from the infant to adult age, having no fear of any specific action set up in the glandular system, and of course evading the prostration consequent upon such conditions. It used to be the received doctrine in the treatment of fevers, that you must ptyalise your patient before you can cure the fever. That is, you must set up another disease in the system, which will supercede the original one, and one which is more easily managed than the first. This theory is exploded, and ought to have been before it was believed, for the sake of suffering humanity. These new remedies will not answer in all cases of diseased action, nor do I maintain any such position, but it is working that necessary reform which only needs to be seen to be appreciated in the administration of dangerous remedies in reckless hands. There are some diseases of the mucous structure, which will not, in my humble judgment, be benefitted by the remedies I have just spoken of. One is dysentery, though even here a cautious use of the alterative would be productive of good, yet its more active tendency to act as a cathartic should require it to be guarded by morphine or Dover's powders, then its influence in this case would be equal to submurias. Yet I prefer to treat this disease with the various preparations of the salts as more reliable and efficient. In obstinate hepatic derangements, complicated with dyspeptic symptoms, this combination is most effective.

Again, in those cases of partial anæmia, from continued attacks of intermittent fever, this remedy is one of great value. Here the effect of calomel is directly upon the blood, acting upon its red globules, dissolving them in the watery portions and rendering the patient still more anæmic, and thus doing that which is the first thing to avoid. Our vegetable alteratives then come in to great advantage, and followed with quinine and iron, the patient has new life infused, the life-giving currents improved in healthy elements, soon gives color and vivacity to the patient, who a few days before was pale, dull, inactive and spiritless. The leptandrin is the active principle of the leptandra virginica, sometimes called culvers physic. It is an excellent alterative *alone*, producing augmented biliary secretion, and thus becomes a valuable adjunct to other remedies in the treatment of disease. Let us not refuse to use remedies because our prejudices prevail. That man is the safest adviser (ceterus paribus) who can so fully divest himself of his prejudices as carefully to use, note and determine for himself the power and efficacy of remedial agents. More anon.—*Nashville Journal of Med.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, MARCH, 1857.

HYGIENIC INFLUENCE OF TREES.—The cultivation of Forest Trees is becoming more and more a subject of serious consideration among public economists.

The relation of trees to the comforts and conveniences of life, and the great question of a future supply which arises in view of the continual destruction of our forests, has attracted the attention of the best intellects in our country.

To the Physician the subject has an additional importance in view of the Hygienic Influence of trees upon the atmosphere, and consequently upon the human system, both in health and disease.

It is well known that new diseases make their appearance as forests are cleared away, and the superior physical power and health of backwoodsmen over the inhabitants of treeless plains, has always been acknowledged.

The influence of Animal and Vegetable life, one upon the other, has not escaped the attention of observing men; but little or no effort has been made to inform the public of many facts in connection with this subject which it is vitally important should be known; and a wholesale destruction of our Forest Trees has gone on to an extent that threatens to leave us, at a time not far in the future, comparatively destitute of the great pride of America,—its Forests.

The Physiological influence of trees of all sorts, is apparent to every one who knows the avidity with which they absorb Carbon and

Ammonia, the two great excretions of animal life, which if left free in the atmosphere render poisonous the air we breathe.

The planting of trees in our cities, and the preservation of Forests, would do more to preserve the public health than many other more expensive hygienic measures.

Our mind is drawn to this subject by the perusal of a circular from Dr. R. U. Piper, of North Woburn, Mass., who is publishing a work on the "Trees of America," which is to contain information in relation to the cultivation of Forest Trees, and the influence of trees upon mankind, morally, physically and pecuniarily.

Any information from Physicians, or others, on either of these points, will be gladly received by Dr. P.

Dr. Piper's "Trees of America" is published quarterly, at $2.00 per annum, "each number containing at least three steel engravings of trees."

New Elements of Operative Surgery. By Alf. A. L. M. Velpeau, *Professor, &c. Translated by* P. S. Townsend, M. D. *Under the Supervision of, and with Notes and Observations by,* Valentine Mott, M. D., *Professor, &c. Fourth edition, with Additions by* George C. Blackman, M. D., *Professor of Surgery in the Medical College of Ohio, Surgeon to the Commercial Hospital, &c. In three volumes, accompanied with an Atlas in Quarto of twenty-two plates, representing the principal operations, processes, Surgical Instruments, etc.*

This truly great work has been before the profession of this country for more than ten years, and its merits and demerits have been freely discussed to the effect that it has come to be regarded as an indispensible companion to every man who aims to be a learned and accomplished Operative Surgeon.

To give a full review of this work (which contains 2873 pages of letter-press,) would require our whole number of pages for months, and to give a table of its contents would take up much more room than we can well spare, but some idea of its capacity may be inferred from the fact that its index covers 37 pages, closely printed in double columns.

That this immense quantity of matter is not trash, will be apparent when we consider that it is the production of two of the most eminent Surgeons who ever lived, and may be regarded as the combined results of their experience.

Every person who examines this work is struck with its adaptation to the wants of all classes of practitioners, young and old, learned and ignorant, as it is a perfect exposition of the whole subject of Surgical manipulation, from the simplest dressing and bandaging through the *whole range* of *minor* and *major* operations, to Amputation at the Hip-Joint and Ligature of the Aorta.

To the subject of Aneurism and the ligation of Arteries, is devoted more than three hundred pages, embracing the experience and operations of DR. MOTT, extending through a long series of years, and embracing a greater range of cases than have often, if ever, fallen to the lot of any one man.

DR. BLACKMAN, who has edited this fourth edition, has added an "American Appendix" of 135 pages, mostly devoted to the contributions of American Surgeons to Operative Surgery, and while reading it we could but feel proud of the success of our countrymen in surgical science.

The subject of *Anæsthesia* is thoroughly discussed, but "*The Reduction of Dislocations of the Femur, by Manipulation,*" is dismissed with one page of description only, and the claims of DR. NATHAN SMITH, as its discoverer, so nearly ignored, that he is mentioned as being similarly successful with "Paulus Ægineta and Hippocrates."

The statement of DR. BLACKMAN that "the labors of DR. WILLIAM W. REED, of Rochester, N. Y., have done more than those of any other Surgeon, especially in this country, to recommond and establish the reduction of dislocations without the aid of pulleys," is true, yet we cannot see why Dr. B. should ignore the fact that this process was publicly taught by DR. NATHAN SMITH many years ago, and has since been practiced by many men who were taught it by him.

The method of operating for the cure of *Recto-Vaginal Fistula*, recommended by DR. GEO. W. GARLAND, in the fourth volume of this Journal, is copied in full, with the original illustrations; and the same course is deservedly taken with the Monograph on the treatment of *Vesico-Vaginal Fistula*, by Dr. J. Marion Sims.

Dr. B.'s article on Fractures is profusely illustrated, exhibiting the most approved apparatus.

The method of Dr. Josiah Crosby, of this city, of making extension by means of strips of adhesive plaster, is fully detailed with illustrations and properly acknowledged, in marked contrast to those Philadelphia surgeons who appropriate Dr. C.'s method without credit, or credit wrongly, as in the case of Dr. Brinton, editor of the American edition of Erichsen's Surgery, who after detailing Dr. C.'s method credits it to Dr. Ellerslie Wallace, whose method of using the adhesive plaster is entirely different.

In connexion with the subject of Fractures, Dr. Hamilton's *Fracture Tables* are referred to, and the new method of treating ununited fractures proposed by Professor Brainard of Chicago, is described and illustrated.

This work may be safely regarded as an Encyclopædia of Surgery, and as such is the best work for the young practitioner, who will here find instruction for every emergency.

The mechanical execution is excellent, the publishers having spared no expense in its preparation.

It may be procured through any Bookseller, or by sending $15.00 to S. S. & W. Wood, 389 Broadway, N. York City, who will send it by mail or express, postpaid.

Ranking's Half-Yearly Abstract of the Medical Sciences, for the last half of 1856, being No. 24, is equal to its predecessors as an exposition of the progress of Medical Science.

It is published by *Lindsay & Blakiston, Philadelphia*, at $2.00 a year, in advance.

Tully's Materia Medica for Aug. 1856, (No. 22,) is received. It contains the continuation of the Proem to the Class Ecbolics,—Proem to the Class Errhines, and Proem to the Class Esstomatics.

Published by *Jefferson Church, M. D., Springfield, Mass., at* 25 *cents each No.*

AN ADDRESS ON THE LIFE AND CHARACTER OF ROBERT M. PORTER, M. D., *late Professor of Anatomy in the University of Nashville.* By JOHN BERRIEN LINDSLEY, M. D.

From this we learn of the great attainments of Dr. Porter. Born April 12th, 1818. Received the degree of Bachellor of Arts in Oct. 1836. Graduated as Bachellor of Laws at Cambridge, Mass., Aug. 29, 1838. Completed a course of Theological studies May 13, 1843. Graduated in Medicine at the University of Pennsylvania April 4, 1845. Appointed Professor of Anatomy in 1851, and died July 1, 1856.

> "That life is long
> Which answers life's great end."

This address is an eloquent and affectionate tribute to the memory of a worthy man.

OUR EXCHANGES.—In our January number we inadvertantly conveyed a wrong impression in relation to some of the changes which have taken place in Medical Journals.

The *Western Journal* was discontinued and its place supplied by the *Louisville Journal*, which was removed to *Philadelphia*, where it is united with the *Medical Examiner*, under the style of the *North American Medico-Chirurgical Review*, of which we cannot speak as it has not reached us.

The *New York Medical Times* has been merged in the *New York Journal of Medicine*, and DR. BULKLEY becomes one of the editors of the latter.

We reported the *Southern Journal*, at *Knoxville*, *Tenn.*, as dead, but it has since come to hand looking better than ever.

The *Southern Medical and Surgical Journal*, published at *Augusta*, *Georgia*, we have not seen for nearly two years, although previously it was one of our most regular and valued exchanges.

LEWIS'S SYRINGE is becoming very popular both with the profession and with the public. It is coming to be regarded as a necessary appendage to every well regulated household. See advertisement on the 2d page of the cover of this Journal.

LEECHES.—In the travels of Joseph Dalton Hooker, M. D., through Sikkim and Nepaul Himalayas, the following statements occur :—

"Leeches swarmed in incredible profusion in the streams and damp grass, and among the bushes; they got into my hair, hung on my eyelids, and crawled up my legs and down my back. I repeatedly took upwards of a hundred from my legs, where the small ones used to collect in clusters on the instep; the sores which they produced were not healed for five months afterwards, and I retain the scars to the present day. . . . . Another pest is a small midge or sand-fly, which causes intolerable itching and subsequent irritation, and is in this respect the most insufferable torment in Sikkim; the minutest rent in one's clothes is detected by the acute senses of this insatiable blood-sucker, which is itself so small as to be barely visible without a microscope. We daily arrived at our camping ground, streaming with blood, and mottled with the bites of peepsas, gnats, midges, and mosquitoes, besides being infested with ticks." (Vol. II. p. 18). "A large tick infests the small bamboo, and a more hateful insect I never encountered. A traveller cannot avoid these insects coming on his person (sometimes in great numbers) as he brushes through the forest; they get inside his dress and insert the proboscis deeply without pain. Buried head and shoulders and retained by a barbed lancet, the tick is only to be extracted by force, which is very painful. I have devised many tortures, mechanical and chemical, to induce these disgusting intruders to withdraw the proboscis, but in vain."—(Vol. I. p. 166.)—*American Journal of Parmacy.*

POISON OF THE AFRICAN TOAD.—The Rev. Francis Flaming's recent work on Southern Africa, has the following in relation to reptiles of that region. There is a monster toad there which has more terrifying celebrity than the puff-adder. It is about a foot long and eight inches broad, with a spotted green back, yellow belly, and large red eyes, which the Kaffirs say spirt fire. All animals, as well as man, abhor this loathsome and most shocking looking creature. To show its poisonous qualities, this fact is chronicled.

A pedlar sold a cask of native wine to three Dutch boors who lived together on a farm in the district of Clanwilliam, in old Cape Colony. Two of them died soon after drinking a cup full. The third brother returned from a hunting excursion, and on discovering the melancholy facts of their death, accused the pedlar of murdering them with poisoned wine. He declared his innocenc, and to show that the wine had no agency in the death of his brothers, drank of it himself, and in a few minutes was a corpse! On opening the cask to discover the nature of the poison, one of those awful African toads was found at the bottom.—*Ib.*

Case of Vesico Vaginal Fistula cured by Bozeman's Button Suture.—The method devised by Dr. Bozeman of Alabama for the treatment of vesico vaginal fistulæ, which appeared some months since in the first number of the Louisville Review, has not been regarded by the American profession with the attention which is fully its due. We are therefore glad to publish a successful case treated by this method in St. Mary's hospital, London, and congratulate Dr. Bozeman on the adoption of his ingenious "button suture" by the English school of surgery. The following is a brief abstract of the case:

The patient was under the charge of Mr. Baker Brown, with a fistulous opening of considerable size close up to the os uteri. Mr. Brown having determined to operate after Bozeman's method, proceeded as follows:

The fistula having been with difficulty brought into view, the mucous membrane was carefully divided completely around the opening for three eighths of an inch. Three silver wire sutures were then passed by a needle held in a *porte*-aiguille, and the two ends of each suture brought together. A silver button was now passed over the end of each double suture, and then a perforated shot passed over *each wire*, and pressed down firmly upon the button, by a pair of long forceps. The wires were then cut off close to the shot. A piece of lint, well oiled, was placed in the vagina, and a catheter, with a bag attached, passed into the bladder. Nine days after the operation, Mr. Brown removed the button and sutures, and found the urine perfect. The patient was discharged, cured, in sixteen days.—[Virginia Med. Journal.

Respiration and Crying of a Child within the Unbroken Membranes. *By Dr. Huter.*—Dr. Huter, of Morburg, has published a case of twin births, where the first ovum was expelled intact with the placenta. The child was noticed to breathe distinctly within the sac, and it soon cried when the membranes wero a little pinched. The latter swelled up, and Dr. Huter, after hearing five or six sobs, tore the membranes. The second child presented with the vertex and the right hand; it looked dead when born, but finally breathed and cried. They were both of the male sex, and very small. In spite of the warm bath, the first child died four hours, and the second five hours, after birth.—[Lancet.

Obstetric Forceps, with Joined Blades.—M. Camille Bernard, some months ago, read to the Academy of Medicine a memoir on the use of forceps, in which the blades are joined (forceps ensemblé). He has used an instrument of this kind for twenty years, notwithstanding that he frequently met with the obstacles which are said to oppose the introduction of the two blades together—such as narrowness of the vulva, pressure of the head into the hollow, face presentation, and narrow pelvis. If the vulva is dilated by the fingers, and the perinæum depressed, the two blades are easily introduced. The introduction of the forceps is most simple and readily performed, and has never been productive of harm to mother or child. In difficult cases, M. Bernard has been able to operate without assistance, and sometimes even without the knowledge of the patient. When the instrument is introduced into the pelvis, the blades are separated by the hand which remains outside, and which readily appreciate the amount of resistance; the other hand guides the instrument and protects the maternal structures. In many cases, M. Bernard has been able to complete delivery when the ordinary forceps had been used unsuccessfully.—[Assoc. Med. Journ.

CONTENTS.

Original. PAGE.

Death of F. A. Smith, M. D. By A. B. Crosby, M. D.,........ 65

Selected.

The Medical Evidence of Dr. Willard Parker in the Trial of Huntington. By Louis Bauer, M. D.,.......................... 68
On the Medical Properties of Veratrum Viride. By David Hutchinson, M. D.,.. 74
On the General Use of Chloroform. By Dr. M'Leod............ 81
New Remedies. By R. E. Haughton, M. D.................. 86

Editorial, &c.

Hygienic Influence of Trees,.............................. 89
Bibliographical,.................................. 90
Varia,.. 93

BOSTON
ORTHOPÆDIC INSTITUTION;
FOR THE TREATMENT OF
Club-Feet, Curvatures of the Spine,
AND OTHER DEFORMITIES OF THE HUMAN FRAME.

J. B. BROWN, M. D.,
BUCKMINSTER BROWN, M. D., } Surgeons.

Offices, Nos. 8 *Joy and* 26 *Beacon Streets, near the State House,*
1y BOSTON, MASS.

THE

NEW-HAMPSHIRE

JOURNAL OF MEDICINE.

Vol. VII. APRIL, 1857. No. 4.

CASE OF REMOVAL OF THE CERVIX UTERI FOR NON-MALIGNANT HYPERTROPHY.

(Communicated for the N. H. Journal of Medicine.)

BY HORATIO R. STORER, M. D., *of Boston.*

Mrs. Sarah F., a fine looking, middle-aged woman, first applied for my advice early in March, 1856.

Early health good. Married; three children; probably miscarried twelve years since, when severe hemorrhage. Menstrual discharge at regular intervals, profuse, clotty, and attended with pain. Formerly, attacks of convulsions, which were then erroneously pronounced epileptic.

Had been an invalid eight years, part of the time confined to bed. Had been under the care of several country practitioners, by the first of whom, and for two years, she was treated for "spinal irritation," with blisters, cups, setons. Then apparent prolapsus occurred, and this had continued till present time. In its early stage, four years since, became again pregnant, and was confined at full period. Of late, had been attended by Dr. Cady, of Monson, by whom all the ordinary palliative modes of treatment had been successively and faithfully tried, in vain, and by whom she was now sent to me for treatment.

March 13th.—Has dysuria, almost constantly, and severe pain in back and left side, especially when uterine protrusion greatest; also, pain in left shoulder and beneath that blade.

On examination, by vagina and rectum, uterus itself found in situ, retroverted, and scarcely at all enlarged; but the cervix greatly hypertrophied and lengthened, almost entirely filling the vagina. The sound entered to an extent of nearly six inches, but without overcoming the displacement. Os uteri just within vulva; small, somewhat abraded, and by slight effort easily protruded an inch or more, giving much the appearance of spurious hermaphroditism. This elongation of the cervix was evidently almost entirely beneath the vaginal roof, in contradistinction to the class of cases where the strictly uterine portion, that above this septum, is affected. Further palliative treatment and all attempts at "support," pronounced unadvisable, and an operation recommended,—removal by the knife. Upon learning this, though assenting, patient thought best, for the time, to return home.

June 9th.—Patient returned a few days since for cure, and placed herself under my charge at the Lying-in Hospital. Of late, much tenderness about vagina, which relieved by pessaries of belladonna ointment. Enlargement of cervix found increased to a marked extent since the spring. Os now patulous, its anterior lip much the larger. Has to-day, for the first time, experienced severe pain in the pubic region, after unusually great prolapse at stool. General abdominal tenderness being found to accompany this, a consultation was held with my colleague, Dr. Dupee, and the previous intention of immediate excision for the time abandoned. Instead, potassa fusa was largely and deeply applied, followed by the free use of dilute acetic acid.

For two days patient did very well, but on the third was greatly distressed by the entrance of strangers into her room. At night much worse, with tendency to delirium, and apparent threatenings of peritonitis. Continued very ill for several days, and but slowly regained the lost ground.

After her next period of menstruation had passed, little impression was found to have been made upon the morbid mass. The sound was again introduced, and after much difficulty the retroversion overcome, without doubt at the expense of adhesions between the fundus uteri and rectum. A few days subsequently there was adjusted, and for some time worn with very little inconvenience, a double intra-uterine pessary, the uterus being kept perfectly in place, and no discharge occurring, though, as is not uncommon, the point of the stem was found covered with a chalky concretion at its withdrawal.

Leeches having been of late freely applied to the cervix, without benefit, it was determined to temporize no longer, but to remove that appendage entirely.

July 29th.—Operation, with assistance of my colleague, Dr. Read.

Endeavored to transfix cervix by needle, with intention of applying ligatures on each side, but this found impossible from too great induration of its tissue. Accordingly, threw around it, high up and just beneath the reflection of peritoneum, a loop of silver wire, to which was attached the staff and movable screw I have elsewhere described.*

The ligature was from this time borne with various degrees of tolerance for twenty-seven days, and was tightened almost daily. During most of this time, there was marked hysteria.

On the 15th inst., the menses being due, the ligature was loosened, and the expected discharge at once and profusely appeared, lasting five days.

August 25th.—Ligature came away this evening, the loop of wire unbroken; it having, accordingly, entirely divided the mass. Extensive adhesions, however, were found to have occured anteriorly, the wire cutting from before backwards, while the cervical canal had been almost completely laid open behind by the pressure of the staff.

Aug. 26th.—Ligature reapplied this morning,—stoutly twisted linen thread.

2 P. M.—Severe rigor; now learn she had a slighter one last evening.

Sept. 2d.—Till now there has been much constitutional excitement, and a profuse, excessively offensive local discharge. Mass finally removed to-day, reduced to nearly a third its early size by sloughing, but still weighing over one and a half ounces.

Sept. 14th.—Patient has been slowly recovering. The stump was for a time inclined to an excess of granulations, but these were kept down by pencilling with caustic, by which also, and by frequent passage of sound, the cervical canal was kept pervious, and the lips of the new os from uniting. Dysuria and costiveness gone, with their cause; no retroversion or tendency to prolapse. To-day, commences to menstruate.

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* CASE OF OPERATION FOR INTRA-MURAL FIBROUS TUMOR.—Boston Med. & Surg. Journal, Sept. 1856, p. 102.—According to the size, small or large, of the wire employed, this instrument may be made to act on the one hand as a cutting knife, on the other like Chassaignac's ecraseur.

The above function was freely and naturally performed, and without the pain to which she had long been subject. Under the proper tonics, her strength and good spirits returned, and on Sept. 21st, the patient was discharged, apparently cured.

Oct. 15th.—By letter of this date from Dr. Cady,—"One small spot on the right portion of the stump of cervix, say half the size of a three-cent piece, was more tender than other portions, and seemed short of full completion of cicatrix. It has since healed. No exuberant granulations anywhere. Uterus still somewhat preternaturally large, walls thick and the organ ponderous, giving rise however to but little procidentia, as was found by examination standing. Retroversion absent. Improving in general strength. The lameness and tenderness through hips and uterine region subsiding. Twice passed an elastic bougie through os into uterine cavity with ease; last time four days ago. Would like to learn her chances for conception, and its effect on gestation and delivery."

Oct. 21st.—The husband reports steady improvement, another natural menstruation, and no return of the disease.

The propriety, or rather the justifiability of removing the cervix uteri for other than malignant disease, is still denied by many surgeons. In this case, carcinoma, of which there had previously been some suspicion, did not exist; there was simply great longitudinal hypertrophy; yet it is not unlikely such degeneration might hereafter, as frequently, have occurred. There were present, however, symptoms sufficiently severe, in my opinion, to demand the operation. Had I not been deterred by the excessive constitutional irritability of the patient, hysterical in some measure though this was, I should certainly have used the knife rather than the ligature. By either mode the patient is, no doubt, subjected to great risk. The experience of Velpeau, Osiander, Dupuytren, Lisfranc (as corrected by Pauly), and Simpson, places the mortality from the knife as high as one at least in every six or seven; the mortality by ligature, I have reason to believe, is greater. In addition to the usual objections to the ligature, its tediousness, discomfort, the danger of purulent absorption, there was here superadded the chance of rupturing uterus or Fallopian tubes, by preventing escape of the menstrual discharge; a danger that was foreseen and fortunately avoided. In this case the disease will very likely show no inclination to return; should it however do so, it may easily be checked by an early recourse to more simple measures. With reference to the possibility of conception and natural delivery, there now seems no probable obstacle to either.

The tendency in the above case to re-union of the uterine tissues after entire division, is the more interesting from the fact that another instance of similar vitality occurred at East Cambridge about the same time, during the removal by my father of an inverted uterus.

(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

It is a little remarkable that the whole range of medical and surgical literature should be so meagre on the subject of abscess. It would seem as though the primitive meaning of the term were significant of its position among diseases. Certain it is, that he who seeks for the pathology and treatment of the different forms of abscess, will find nothing save its "disjecta membra." It is to be regretted that no pious hand has hitherto collected these scattered remains, and given them a symmetrical form. If this were impossible, they were at least entitled to christian burial. It is no less remarkable, because abscess is of frequent occurrence; its localities are almost innumerable; the severer forms are eminently dangerous in their consequences; their diagnostic signs are well marked, but liable to confusion; and finally there is no disease where the judicious interference of medicine and surgery is more salutary in its results.

If these considerations are binding, it may not be time misspent if we consider the pathology and treatment of specific forms of abscess.

An abscess is a collection of pus in a natural or preternatural cavity. But abscess is not a primitive disease, but a result of certain morbid phenomena.

As in all morbid affections the pathology of each should first engage attention, so here we shall derive most advantage by looking at the antecedents of this affection. The formation of pus is preceded by pain, heat, redness, swelling, and accompanied by certain other pathognomonic signs, which are in general termed the phenomena of inflammation.

It is obvious then that inflammation must first engage our attention, having traced which to the formation of pus, we shall be prepared to discuss the symptoms and treatment of abscess. It is much to be desired that we had some definition of inflammation, sufficiently comprehensive to embrace all its conditions. But as we have no comprehensive definition, and our most learned and elegant authors have hesitated to give one, it would be presumptuous to attempt it. Not to dwell too long on a subject which has given rise to so many and long disputes,—and which even yet is an open field of investigation,—let us attempt a brief resume of inflammation, at least as far as it pertains to our subject. There are certain conditions of a part which are absolutely essential to its healthy nutrition. Thus a regular and not far distant supply of blood is necessary for the healthy nutrition of a part. In inflammation this necessary condition of nutrition is infringed. The vessels of the part are enlarged, —those of the sclerotica and conjunctiva, when those parts are affected,—showing the existence of vessels which have hitherto been invisible. The arteries, veins and capillaries, are all affected, and that too at some distance from the central point of inflammation. This increased size of the vessels, and the consequent increase of blood to the part, gives us at once the rationale of two prominent symptoms,—redness and swelling. Hunter made an experiment which demonstrated this enlargement of the vessels in a most satisfactory manner. Having frozen one ear of a rabit, he waited until inflammation occurred, when he killed it. The animal being fully injected, the vessels of the affected ear were found much larger than those of the other. This enlargement may be slight, or it may increase the vessels to two or three times their original size. In the early stages of inflammation, no new vessels are formed, but many hitherto microscopic, from their increase in size, and the aggregation of red corpuscles in them, become distinctly visible. New vessels, as such, are only formed after the deposition of lymph. Not only is the diameter of the vessels increased; there is elongation also, and a general tortuous and wavy condition of the vessels, resulting from over distension. If a needle is drawn across a bat's wing, the arteries and veins contract, but after a few minutes dilate to a larger size than before. Now if the same stimulus be applied again, it is found that no contraction takes place. At first the flow of blood is slow, from the contraction, but eventually much faster as the dilation occurs.

If, in this experiment, acids, capsicum or turpentine are used, the contraction is almost imperceptible, but the dilatation is very rapid. Thus we encounter those two conditions known as "determination of blood to a part," and "active congestion." This disturbance may now subside, and the parts return to their natural condition. If, however, the morbid action continues, the velocity of the blood is diminished, while the vessels are as large and even larger than before. Entire stagnation of the blood ensues, first in the capillaries, and subsequently in the veins and arteries. This stagnation will be found better marked at the focus of inflammation, and less so as we radiate from that point. If now we examine a part so inflamed, we shall find at the central point entire stagnation; a little farther out, congestion; and farther still, on the outskirts, determination.

Another necesity of healthy nutrition, is a supply of chemically pure blood, and its adaptation to the wants of the tissues. In inflammation there is always a want of this adaptation. Sometimes, although the blood is chemically pure, and it is impossible to decide in what the want of adaptation consists, yet there is some defect, and this want is morally certain. Many causes have been assigned, all of which are unsatisfactory, because they are simply theoretical.

It is equally necessary for nutrition that there should be a certain influence of the nervous force. Unfortunately we do not know how the nervous force ordinarily acts in nutrition, much less how it acts in inflammation. It is certain, however, that the nervous action is changed. That the nerves are affected, is proved by the pain, and yet we well know that pain may exist without inflammation. There is, at all events, extreme sensibility on the application of any stimulus, and the slight increase of temperature imparts a burning sensation to the part. The last condition of healthy nutrition requres a natural state of the part itself. If any part is wounded, or receives any other mechanical injury, inflammation is liable to ensue. Here the want of the natural state of the part, is followed by perverted nutrition. In fact, whenever inflammation occurs from mechanical or other causes, the tissues of the affected part continually suffer change. This is due to degenerations resulting from interrupted nutrition. New products penetrate the tissues and fill the interstices.

Thus inflammation interferes with healty nutrition as above described. That our present knowledge of the entire rationale of these processes is defective, needs no demonstration. Inflammation may now give way, either by resolution or metastasis. As far as the original seat of inflammation is concerned, the recession is alike in both. The unnatural phenomena recede in a reverse order, and the part regains its former condition. When metastasis occurs, the blood, flowing through the affected part, becomes tainted, and inflammation is developed in some other part. If resolution takes place, there is a gradual recession of the morbid phenomena, and last and slowest of all, the part affected recovers its tone. Should neither resolution nor metastasis take place, inflammation goes on, and nutrition of the part is changed. There may be a change of the material separated, upon or into the affected tissues, or there may be changes of tissue itself. Both of these changes may occur at the same time, as there is exudation of fluid from the vessels, and deterioration of the affected structures. One of these may occur without the other, or both occurring, one may predominate over the other. Hence a natural division has been made of productive and destructive processes. Let us consider the materials which are eflused in inflammation. Serum is rarely effused, as such, except in low forms of inflammation. Chronic hydrops articuli, and anasarca, are instances where the effusion is serous. In most instances, serum is effused as a diluent of other products, and resembles liquor sanguinis, more than serum proper. This remains fluid while in the part, but coagulates on removal. It contains fibrine, and why coagulation does not occur in the body, we do not know. It is at all events, a wise provision, as absorption, on which at times so much depends, could not otherwise take place. Blood is sometimes effused directly in pneumonia—in inflammatory red softening,—and from newly formed vessels in lymph. But in general, blood is rarely effused in inflammation. The deep color of an inflamed part is principally due to the coloring matter of the blood which has oozed through, and not to the blood itself. The natural color of exudation matter is grayish, or yellowish white, and the exudation of blood is on the whole to be considered as one of the accidents of inflammation. A most important product of inflammation is coagulable lymph. It is a pellucid fluid, which passes through the capillaries, and possesses the power of spontaneous organization. Having become organized, it may proceed to the developement of natural tissues. Of coagulable lymph there are two varieties, fibrinous and corpuscular. Fibrinous lymph readily forms an elastic, opaqueish white coagulum, which closely resembles a clot of blood. Corpuscular lymph does not coagulate, but forms corpuscles, which float in the liquid portion. Both of these forms may occur at once, and the relative proportion of each will decide the character of the inflammation. Fibrinous lymph in excess, indicates "adhesive inflammation," while the predominance of corpuscular lymph is followed by "suppurative inflammation." The character and tendency of inflammatory lymph is determined by several conditions. Thus the condition of the blood exercises a controlling influence. Rokitansky, "primus inter primos," as far as pathology is concerned, has aptly remarked, that "the product of the inflammation exists, at least in part, in its germ performed in the whole blood." And the same author gives it as the result of his experience, that the character of inflammatory deposits corresponds to the coagula found in the heart after death. It is a matter of every day experience, that if a given stimulus be applied to a number of individuals, no two will develope precisely the same kind of inflammatory lymph. This would seem to be a strong proof that the character of the blood determines the character of the inflammation. Mr. Paget, who needs no other monument than his beautiful work on Surgical Pathology, has detailed a series of experiments bearing on this point, and which are strongly indicative of its truth. Plasters of cantharides were applied to thirty hospital patients, and the resulting effusion in each case carefully examined. Examined under the microscope, the effusion in all was different, and its character was found to be a correct index of the patient's condition. The effusion in persons of full health, is almost wholly made up of fibrine. In persons of low health, the effusion is made up of fibrinous corpuscles, approaching in character to pus cells.

It has long been maintained that the tissue determines the character of the inflammation; in general this is unquestionably true. It is found that in spontaneous inflammation of the skin, corpuscular lymph is in excess. Serous membranes when inflamed, yield fibrinous lymph. There is a general tendency in mucous membranes to suppuration. Fibrine and corpuscles are abundant in inflammation of the lungs. Corpuscles tend to the production of pus cells. In areolar tissue both are liable to suppuration or to degeneration into filamentous tissue. Facts like the above are certainly conclusive, and yet the character of the inflammation is not *always* determined by the tissue in which it occurs. If this rule were absolute, there are certain phenomena which it would be difficult to explain; thus a stump, after amputation, should develope different and well marked forms of inflammation, whereas, all is consistent, and the different tissues may suppurate, granulate, adhere, or even slough together. Hunter accordingly contended that this rule was not universal.

Another condition which may affect inflammatory products, is the degree of inflammation. If the inflammation is slight, the product differs but little from the natural secretion. If, on the contrary, the inflammation is intense, the difference of the product is proportionate.

In order to a correct knowledge of inflammation, it is essential that the natural history of lymph should be thoroughly understood. The distinctive peculiarity of lymph is its wonderful power of self-organization. It maintains an independent life, and possesses an appropriate developement, and is liable to degeneration and disease, like other tissues. It is proper that we should speak somewhat of the developement of lymph. Newly developed lymph usually has an organization lower than that of the surrounding parts. Developement of lymph does not necessarily imply a sthenic condition, nor a large expenditure of vital force. Lymph, in its developement, approximates in likeness to the natural tissues. For its continuance it requires the same conditions as nutrition. Developement does not commence until inflammation subsides. While the inflammatory process is going on, fresh lymph is constantly being poured out, and this very fact would seem to show that it must interfere seriously with the organization of the lymph exuded just before. The natural tendency of lymph is to form fibro-cellular or fibrous tissue, and to assume the form of the tissue which is near it. It is produced alone in disease, but its organization can only occur in health. It may assume the form of adhesions between free surfaces. It may occur as a thickening in the substance of a membrane. It may give rise to induration in the substance of organs, sometimes with and sometimes without contraction, and finally it may occasion opacity in transparent parts. The vessels and blood which are observed in fresh lymph, are not indigenous, but are offshoots from those of the adjoining parts. The number of these vessels is very great. Their walls are thin, and they are easily dilated, even to bursting. As organization proceeds, the vessels become wasted, and diminished in number. They usually correspond to the number found in the tissue, which the lymph simulates. In the most perfect state of organization lymphatics are developed, and even the existence of nerve fibre has been demonstrated. The time occupied in bringing about these changes, differs with different authors. Dillerme and Dupuytren both give twenty days as the necessary period. Other writers have ascribed a much shorter period for these processes. The weight of authority seems to place the estimate under rather than over that of the authors quoted.

We have said that inflammation must cease and nutrition be restored before organization of lymph can occur. If the inflammation continues, or if nutrition is suspended, degeneration of the lymph ensues. The character of the degeneration is determined by the character of the original inflammation. It may occur under different forms, at any period, early and late. Thus, fibrinous lymph may become withered, dry, and horny. These changes more frequently occur on the valves of the heart, and over compressed lung. It is also liable to a degeneration similar to fatty degeneration of other tissues. In scrofulous persons, suffering from low forms of inflammation, the more solid part of the effused lymph is opaque, dotted and turbid. Dark spots of oil are seen, and the fibrin is not rendered transparent by acetic acid. It looses its characteristic toughness and elasticity; in short, disintegration occurs. It is the "aplastic lymph" of serous inflammation, and occurs in severe forms of mucous inflammation. There is a tendency to liquefaction and absorption is permitted. Thus resolution may take place even after the lymph has been effused. Healthy parts have no such tendency to liquefaction, and are not absorbed. Dead parts are usually discharged from the body. This, then, is unquestionably a process of degeneration. It is supposed that lymph is subject to a calcareous degeneration, but this has not been certainly demonstrated. Fibrinous lymph may likewise take on pigmental degeneration. Pigment granules are incorporated with it. This will account for the gray and black discolorations in peritonitis. Corpuscular lymph, too, may retrograde at any stage, and degenerate concurrently with fibrinous. It may wither, as frequently occurs in enlarged lymphatic glands. In such cases the glands contain a yellowish and half dry material, which is made up of withered lymph corpuscles. Calcareous degeneration has also been detected, and pigmental in the cells of bronchial mucous. But the most frequent degeneration, and one which concerns our subject most, is that of lymph into pus;—this occurs in conditions unfavorable to its developement, such as persistence of inflammation, exposure to air, and want of vital force, Both kinds of lymph contribute to its formation: the corpuscular variety forms the pus cells, but the fibrinous is also mingled with it. The characteristics of some kinds of pus, are due to their admixture. The transformation of inflammatory lymph into pus, is abundantly proved by facts. It is found that vesicles like those of Herpes, contain at first a pure inflammatory lymph. Simple lymph cells can be detected. The vesicles diminish in size, and pus cells take the place of lymph cells. This change has been observed to take place within twelve hours. If we watch the progress of an abscess, perhaps to-day it is nothing more than a circumscribed, hard mass. Again, upon another day, the solid mass has become fluid. Solidity and hardness are due to inflammatory lymph, and the fluid is pus. Now, the change which has been brought about here, is the conversion of lymph into pus. In ordinary wounds, granulation cells are converted into pus cells. The superficial are detached into pus, and the deeper are developed into filament. So in serous inflammation pus cells, in the effused fluid, can hardly be distinguished from the cells in the lymph, lining the cavity. Paget gives an account of an amputation of a thigh, when the parts divided were infiltrated with inflammatory lymph. The amputation was rendered necessary by acute inflammation of the knee-joint. Pus discharged from the stump the next day, freely. In healthy tissues, suppuration does not occur until the third or fourth day. Thus reparative, and inflammatory suppuration are very similar. Inflammatory suppuration has been divided into circumscribed, diffuse and superficial. Circumscribed suppuration is best exemplified in the formation of abscess. Its usual seat is areolar tissue. The signs of inflammation are usually present, and there is exudation of lymph over a greater or less area. This is either interstitial or infiltrated. The effused lymph separates the elements of the tissue, and the swelling is at first ill-defined. The rednsss gradually fades out as we recede from the focus of inflammation. In time the swelling is better defined. The inflammation is concentrated and circumscribed. Lymph may now be absorbed, or go on to further developement. We are to follow it until it terminates in pus. Solid parts become fluid. A change takes place towards the centre of the lymph, where nutrition is most impaired. This may begin at one point or at several, which afterwards coalesce. The collection of fluid remains surrounded by an indurated margin of lymph. This border is not converted into pus, but is susceptible of a high organization. The indurated margin is the wall of the abscess. This softened central point, with a hard border, is a strong indication of abscess. The rationale of the process thus far, is, that inflammation has occurred in a part, and lymph has been effused over a given area. At the central point of this lymph, nutrition is nearly or quite suspended, while farther out nutrition has been interrupted, consequently the central portion of the lymph degenerates into pus, and the peripheral becomes organized. The pus now seeks to escape, and nature kindly aids in furnishing an outlet. To accomplish this, a certain amount of imflammation is necessary; for when it subsides suddenly and entirely after suppuration, the pus may remain quiet for a great length of time, like the contents of a cyst. The integument covering the abscess is usually much more inflamed than the surrounding parts. It is possible that the tissue and lymph over an abscess, disintegrate somewhat, the debris mingling with the contained pus, but unquestionably the principal agent concerned is absorption. The integument becomes softened, and this occurs soonest at the central portion. It yields to the pressure of the pus, and projects; in other words, the abscess points. The cuticle frequently separates over this point, leaving the apex of the abscess exposed. It cracks, and perhaps peels off. Its nutrition is interrupted, and it is dead.—From these different causes, the coverings of the abscess grow constantly thinner, and finally the most prominent point dries and shrivels like dry gangrene, or a small ordinary slough is formed, and the pus escapes. If we now examine the interior of the abscess, we shall find its wall made up of a thin, opaque, yellowish-white layer, which may be easily detached. This is either made up of lymph cells or pus cells, bedded in the soft lpmph. The term Pyogenic has been improperly applied to this membrane, but it does not secrete pus; it is not by any means a constant attendant on abscess, and when suppuration continues, is not found at all. After its contents have been discharged, the wall of the abscess becomes highly organized. Circulation is restored in the infiltrated tissues to form the wall. Lymph cells are constructed into granulations. There is a gradual developement of granulation cells, the deep being developed first, and the superficial afterward. Contraction attends the process. The area of the cavity is continually diminished. The walls gradually approximate, and the process of healing follows. An abscess forming like the above is said to be acute. There is another form of abscess which presents no well marked symptoms of inflammation, consequently observations have not been made on the earlier stages. It is probable that similar phenomena occur as in the acute form. The abscess wall is very firm and well defined; sometimes it can be removed entire, and resembles a cyst. There is less vascularity, and the internal surface is quite smooth. The contained fluid is thin, and serous in its character. Not only has lymph degenerated into pus, pus has degenerated still further. This is chronic abscess. It remains to speak briefly of the other forms of inflammatory suppuration. Diffuse suppuration is well seen in phlegmonous erysipelas. Symptoms of inflammation are well marked. Lymph is exuded into the areolar tissue over a wide extent, and the boundaries are ill-defined. Inflammation is liable to be more intense toward the centre, and yet a large surface may be equally affected. Both varieties of lymph are exuded into the interstices, and there is less tendency to organization. The tissues of the part degenerate, which, together with unorganized products, causes the formation of a slough. It heals in all respects like an abscess. Superficial inflammatory suppuration may be observed in gonorrhœa and mucous inflammations generally. The situation of the inflamed membrane, and its natural condition, renders organization improbable. The lymph exuded is corpuscular. Having thus traced the formation of abscess, from the initial inflammation to the formation of pus, we shall say nothing of certain ulterior matters connected with inflammation, as they would be foreign to the subject.

[To be continued.]

CASE OF DUODENITIS.

BY GEO. H. HUBBARD, M. D.

On the evening of Thursday, Feb. 12th, 1856, Ira Stone, a stout, healthy appearing man, 40 years of age, consulted Dr. Crosby of this city, in relation to a severe pain in the epigastric region, from which he was then suffering.

His account was, that for several weeks he had suffered after each meal from great distress in the epigastrium, which usually commenced two or three hours after eating, and continued about an hour, when it would cease, and he would be well till eating again caused an accession of the pain. His skin presented a slightly icterode appearance, but he otherwise presented no signs of organic disease.

Considering it a case of duodenal dyspepsia, a mild treatment was prescribed, calculated to allay the irritation, and the inhalation of ether was recommended, to relieve the severity of the pain.

About two hours later Dr. C. was summoned to visit Mr. S., and found him in extreme distress, and vomiting large quantities of bilious matter.

The pain was limited to the epigastric region, and was accompanied at first with but very little tenderness.

The vomiting was continual and very distressing, and seemed to be but very little affected by anything taken into the stomach,—

continuing unabated although nothing was swallowed. Bowels free from pain and tenderness, but obstinately constipated.

The pulse was at first but little affected, being about 80 and full, but as the disease progressed, became more rapid and smaller.

The symptoms continued to become more and more urgent, and the strength of the patient rapidly failed.

The only treatment which seemed to have any effect, was the inhalation of ether, all other remedies being rejected by the stomach, till Sunday evening, at which time he was first seen by the reporter.

At this time his pulse was about 130, small and feeble, skin cool, epigastrium somewhat tender, but with no tenderness nor swelling of the rest of the abdomen.

The vomiting had become less persistent, and the stomach retained small quantities of drinks and medicines.

The treatment during the night consisted of Hyd. Proto-Chl. and Opii, and large enemata of warm water; and on Monday forenoon there was a considerable discharge of offensive and billious appearing fœces, but with no relief to the patient. He continued to sink, and died at half-past one on Tuesday morning-

The *post mortem* examination was held thirty-three hours after death.

The body, externally, was very fat, and the same condition was found internally.

The Stomach and Duodenum were found in an inflamed condition. The inflammation had been most intense in the Duodenum and about the Pyloric orifice of the stomach, which gradually faded, so that about the Cardiac orifice, the appearances were nearly healthy.

The remaining organs of the abdomen were healthy, except the Gall-Bladder and its duct, which was entirely obstructed by a Gall-Stone, the size of a large bullet, so firmly impacted in the duct that it could only be removed by cutting it out. The Gall-Bladder, thus converted into a shut-sac, was filled to distention by a perfectly colorless fluid, of the appearance and consistence of the white of an egg. On opening it, and allowing this fluid to escape, it was found to contain seven Gall-Stones, of various sizes, but all smaller than that in the duct. No signs of inflammation about the Gall-Bladder or Cystic Duct. The Liver was of natural size and appearance. No other abnormal appearances were discovered.

The history of this case is identical with our best accounts of Duodenitis, which had doubtless been going on for a length of time comparatively unnoticed. Gastritis is often found to supervene in cases of Duodenitis. The date of the extension of the inflammation to the stomach in this case was probably at or about the time when the vomiting commenced.

The most interesting question which arises in connexion with this case, is:—Had the obstruction of the Cystic duct any connexion, as a cause, with the Duodenitis? We are aware that this involves grave questions of Physiology and Pathology, in relation to the necessity and use of the Gall-Bladder, and the consequences attributable to its loss or incapacity.

It seems plain to us, in view of the history of this case, that the continual flow of bile into the Duodenum, caused by the want of the Gall-bladder as a reservoir, had gradually brought that viscus to a state of inflammation, which eventually reached the stomach.

FOREIGN CORRESPONDENCE.

Paris, *Jan.* 27, 1857.

Dear Doctor:—I wrote you a long letter from Edinburg, and one from Dublin, and will now commence where I left off. I went directly from Dublin to London, where I had a busy, bustling month of long walks and omnibus rides, to find hospitals; through mud, fog, thick smoke, and but little sunlight.

I escaped from London as I would from Hypochondria. Many times after spending a long time to get to the operating theatre,—"*Ah! no operation to-day.*" But by perseverance and much hard work, I managed to see their best men operate, viz, Erichsen, W. Jones, Fergusson, Lee, Birkett, Stanley and Paget; and was fortunate enough to see Erichsen get nicely puzzled in an operation for stone in the bladder. Neither he nor three of his assistants who tried, could feel the stone with the sound. It passed easily, and as its point could be felt above the pubes, he proceeded to operate. He cut down upon the grooved staff, and muddled away a long time, but could find no stone, and concluded he was not in the bladde took out the staff, introduced a small sound, cut down to it, entered the bladder, and brought out the stone. Turning to the class he said, "This is one of those accidents that will sometimes happen to the best of Surgeons; I cannot explain it; I do not understand it." All the sounds, catheters and staff, had of course entered a false passage. The patient was a boy, 6 yrs. old, from the country, where, Mr. E. says, the false passage was made by those who had examined him. Mr. E. supposed the case was without a precedent, but the next day heard of some obscure person who had done the same. I saw the boy two days after, when he was suffering much from peritonitis, and will doubtless die from the mistake.

I saw Mr. Fergusson operate several times; once for lithotomy. After the operation he brought out his box containing the 42 stones which he has extracted,—a *vanity* common to lithotomists, I believe.

I saw Dr. Snow administer his new Amalyne in three cases. It operates admirably. The patient is conscious enough to see all that is going on, without feeling any pain or apprehension, not even a moan, which we so often hear from the first cut when chloroform is used. In each case the patient got off the table and walked away immediately after the operation was finished.

I arrived in Paris Sept. 20th, and am in perfect raptures with it; but more of Paris in my next.

Yours truly, J. B. GREELEY.

TREATMENT OF CLUB FEET.

Messrs. Editors,—An old friend and fellow student having asked me to give, in some medical journal, my views and mode of treating club feet, I have written the following hasty sketch.

Respectfully yours, J. B. Brown.

Boston, February, 1857.

The treatment of club feet is surgical and mechanical. The division of those tendons, faciæ, &c., the contraction of which is the cause of this deformity, and keeps the foot in its abnormal position, is in general a prerequisite step. This, however, is but a small part of the process of cure. The subsequent treatment is considered, by all who have paid much attention to the subject, as much the most difficult and tedious part to accomplish; and on an average, it requires between two and three months' daily attention and manipulation, to effect a complete restoration of the foot. Occasionally feet are cured in a less time, but generally they require ten or twelve weeks, and it is important that the mother or nurse who has the care of the child during treatment, should be faithful to the trust. Any neglect or deviation, such as suffering the apparatus to get displaced, or letting it remain so for twenty-four hours, might change the whole face of the cure. At any rate, it would probably retard the process for a week at least.

The cure of club feet, if *properly* done, is no sinecure undertaking. It must be attended to by the surgeon personally. It cannot with safety be deputized to another, unless that other has learnt experience by minute attention to the subject. I never trusted the care of a foot, after I had operated, to a proxy, that I did not regret it; and generally had the work to do over again. I have directed my attention almost exclusively to the treatment of club feet, and other analogous deformities, for the last eighteen years; still I find that I have acquired none too much experience to cure a bad foot, even when I take the whole care of it myself.

Too little is thought of manipulation. It is a very important part of the treatment; and much facilitates the cure, if steadily persevered in.

It is a mistaken idea, that by dividing the tendons, sending the child to a machinist to have an apparatus adapted, and then handing it over to the mother, or nurse, to be taken care of, the foot will come out perfect. It is far otherwise. I shall be slow to believe that such ever was the fact. Most of the cases of club feet brought to me *now*, have been operated upon by some one else. I have had eight cases, which were operated on by a surgeon of much reputation in a city at a distance. This gentleman deservedly stood high, as a surgeon, had most of the surgery in his vicinity, and seemed a conscientious and good man. That he should persist in operating on feet as he did, was unaccountable to me, particularly as he must have seen that in his practice they were never cured. I have had many other cases of club feet, that had been operated on by other surgeons who deservedly rank high in the profession.

My usual course when a patient, or his friends for him, apply to me to cure a club foot, is this. If he is old enough and has recently walked much on his foot, I advise him to be quiet, and let it rest. This being done, and the foot being ready, I divide all the tendons and fasciæ in fault and that keep the foot in its abnormal position, whatever that position may be. The instrument I use for the division of tendons is extremely small—made to order, according to a pattern furnished. Its shape is not very essential, but the size and cutting part are so. This last ought to be less than half an inch in length. The shank may be an inch and a quarter or half long—very small and round. If the cutting part of the tenotome be too long, the slight sawing motion given to the instrument, in dividing the tendons, is apt to cut the skin unnecessarily, and make the orifice too large and notched.

The puncture made with the instrument I use, is always healed by the next morning. There are usually not more than two or three drops of blood, and frequently not one. This I impute very much to the smallness of the instrument used. After the tendons are divided, I place over the punctures, either pieces of court plaster, or small compresses of cotton, with a bandage around the foot and ankle, and put on the apparatus immediately after the division of the tendons. Some recommend waiting two or three days, but I have always found it best to apply it immediately. It keeps the foot steady. I do not strap it tight, and the foot is easier for being supported. If the operation be done in the morning, I make it a rule to visit the patient towards night, and see that all is right. The next day I also visit him for the same purpose; and the third day I remove the apparatus, wash the foot either in water or bay rum, and then replace it. The bay rum will be found very good to keep the skin healthy. Unless great care is taken, the pressure will cause irritation of the skin; and if continued, a blood-blister usually follows. This leaves a slight excoriation, which is indolent, gives no pain, and is soon healed by washing it in bay rum. These little blood-blisters, which are frequently followed by slight excoriation, are usually caused by some wrinkle in the bandage, or stocking, or some inequality of pressure, which it is important to guard against. When it does occur, I always change the apparatus, and put on one that will have a different bearing, and relieve the part affected.

In treating club feet, I have for some years made it my first object to bring the foot out on a line with the leg, and turn in the ankle. This being done, and the foot remaining in its new position, without artificial aid, I then attempt to bring it up towards the leg, and to bring down the heel, *i. e.*, to give flexion and extension to the ankle-joint, which is all-important in perfecting the cure, as no one can walk well without it. This point has not been sufficiently attended to by those who have treated club-feet. "It is a *sine qua non*." We all make an acute angle between the foot and leg, every step we take, and more particularly in going up hill or up stairs. If the foot is brought only to a right angle with the leg, and not to an acute angle, although it may *appear to be curved*, in walking, it will inevitably turn in, as that is the only way a pedestrian has, when the foot is so situated, to propell himself forward (straight walkers propel themselves forward by the ball of the foot). Of course, the foot will revert back to its original malposition, and the cure be thwarted.

For the purpose of saving time, I formerly attempted all the indications in the cure of club feet at once; but I found that my combined efforts counteracted each other, and for several years past my first object has been to turn the foot out on a line with the leg, This implies, of course, that the ankle is turned in at the same time.

These different indications are effected by different kinds of apparatus. The first, that of turning the foot out, is done by an apparatus almost straight, extending from above the knee, on the outside of the leg, to the extremity of the foot. This takes a bearing on the external malleolus, as its fulcrum, and has a branch at right angles, which compresses the heel in such a manner as to keep it steady. The foot is strapped to that of the apparatus, which runs parallel to it, and this is moved by a rachet turned by a key, so that it may be graduated at will. This indication being effected, we attempt the second, that of turning up the foot towards the leg, then bringing down the heel—that is, to give free motion to the ankle-joint. This is done by a very different apparatus from the first. It has three ratchets turned by keys, so that the foot can be placed in any direction, and different parts of it in opposite directions at the same time, as may be desired. This apparatus is based on one originally brought from Paris. It has been so changed and improved that its identity can hardly be recognized. Dr. Buckminster Brown took one of these instruments to Europe some years ago. Dr. Little, of London, who established the Royal Orthopædic Hospital, told him that he had nothing so good. He showed it also to Dr. J. Guérin, at Paris, who told him the same thing. Dr. Little has since sent to me for a model of it. We have Scarpa's shoe—Scarpa's shoe improved by Little, and Scarpa's shoe modified by Adams. We use all these occasionally. It gives great relief to the foot to change the apparatus now and then. My usual practice is to see my patients daily—to take off the apparatus every other day, and wash and manipulate the foot. The apparatus with three ratchets I find very convenient in giving motion to the ankle-joint, as by turning the key, back and forth, motion is produced without removing the instrument from the foot, and may be repeated many times a day.

A great variety of apparatus is essential in the treatment of club foot in its various forms—such as varus, valgus, equinus and calcaneus; or a combination of these—equino-varus, equino-valgus, calcaneo-varus, calcaneo-valgus, &c. These deformities run into each other; and it is sometimes difficult to tell which is the most prominent feature of the deviation. Then, again, paralysis of some of the muscles adds to the difficulty of treatment, and requires more complicated apparatus.

The paralytic deformities very generally arise from infantile paralysis, which is connected with the irritation of dentition. Although the paralyzed muscles not infrequently recover their tone and strength, still their antagonists, in the mean time, become contracted and shortened, and the foot is drawn to one side. In such cases I have found it best to divide the shortened muscles, and to place the foot in its normal position and keep it so for a few weeks, more or less, according to circumstances. When the foot can be easily maintained in its new or natural position, I have usually placed it in a boot, which is laced round the ankle, with a spring on the outside of a leg, running up to and strapped around the calf, having a pad gently bearing on the external malleolus, so as to keep it in place; with a joint corresponding to the ankle-joint, and a check placed on it in such a way as to permit it to flex, but not extend beyond a right angle with the leg; in other words, so as to permit the foot to form that acute angle with the leg, which we all make in walking, but not permiting it to fall below a right angle with the leg when it is raised to make a step. In paralysis of the flexor muscles, the anterior part of the foot is apt to fall and drag, which produces much inconvenience in walking.

Some place springs on both sides of the leg; but so far as my experience goes, the foot can be kept in place better, by one spring, than two. Where there is but one spring, and that on the outside of the leg, the inclination of the part may be regulated by bending the the spring in or out, just above the external malleolus—whereas, if there is a spring on both sides, this cannot very easily be done. The two must be separated and bent each by itself. I call them springs. They are made of iron slightly tempered, so that they can be bent by a strong hand, and yet stiff enough to maintain their positions when bent, and at the same time sustain the foot and leg in their relative situation. In connection with this partial paralysis of the foot, it is not uncommon for the rectus femoris to be paralyzed, so that the patient is unable to extend the lower leg. In this case I carry the spring above the knee, having no joint in it corresponding to the knee-joint, with two straps around the thigh, and two straps around the leg, one of them immediately below the knee. The knee-joint is thus made a fixture, and the patient walks while the the boot is on, as though he had a stiff knee. Sometimes I have made a joint in the spring corresponding to the knee-joint, and adapted one of Stone's patent checks to it, such as he makes use of in constructing his wooden legs. This prevents the knee-joint from bending, as the weight of the body is brought upon it, in walking, yet permits it to bend in sitting, and answers very well. In this way a person who is unable to extend the lower leg, and has the muscles of the foot more or less paralyzed, is enabled to walk comparatively well, and the leg, although imperfect, is much better than an artificial one.

My first operation on club feet was February 21st, 1839. The subject was a little girl, three years old. This was the first case published as having been operated on in the New England States. It was reported in the Boston Medical and Surgical Journal. Very little was known here, at that time, of the cure of deformities by the subcutaneous division of tendons. Dr Detmold, of New York, had operated for the cure of club foot prior to the above date; and so had Dr. Mutter, of Philadelphia. I was not acquainted with these facts, however, when I did my first operation. Dr. Little had done the operation in London about fifteen months before. Of this fact, also, I was not aware. I knew it had been done in Paris, and by Stromeyer, of Germany. I had received from Bouvier, of Paris, a very minute description of the operation, for the restoration of club feet by the subcutaneous division of tendons. I thought it very rational and practicable, and resolved to do it. In less than a week an opportunity presented itself, and I operated at the time above stated. Since that time, my attention has been principally devoted to the treatment of club feet and other analogous complaints.

It has always been my opinion, that the more the profession was divided and subdivided, and the more individuals devoted their attention to particular branches of it, the greater would be the progress, and the nearer approach to perfection would be made in our knowledge and practice of each branch.

I have above, although very imperfectly, given some of my views on the management of club feet. If they prove to be of use to those of less experience than myself, my object will have been accomplished. They may be thought by some too minute, but the treatment of club feet consists in minutiæ. I may be thought egotistical, but it is difficult to relate one's own experience without having that appearance.—*Boston Medical and Surgical Journal.*

QUACKERY.

BY W. P. MOORE, M. D.,
Of Mitchellville, Tenn.

And you ask, What is quackery?

Any variation from a high-minded and scientific course in the practice of medicine is quackery.

1st. A person, ignorant of the structure and laws of the human system, secretly manufactures a preparation which he places before the public as a specific remedy for the removal of disease in its various forms, without knowing the climate in which the patient may live, his color, habits age, sex, temperament, peculiarities, etc. Such a course is dangerous quackery.

2d. It is foolish to think that an unqualified quack is imbued with any power over the regular practitioner in the discovery or formation of specific medicines, or the application of such in the cure of disease.

3d. Hence the quack in his deceptious course is an imposter, and and his patent nostrums are degrading alike to humanity and to the profession of medicine.

4th. Quackery, so dangerous as this, was germinated amidst irregular practitioners, and by their unscientific movements it has been nourished; all of which imposed the necessity of other means beside those which they employed for the relief of suffering humanity.

5th. Therefore the extension of quackery can be guarded alone by a well regulated system of medical education. Legislation can do but little in extinguishing the evil. The legislator is not a member of the profession of medicine, and it would be quackery for him to make laws for its regulation. We want physicians who live to elevate their profession, who, in the promotion of this end, depend upon an understanding of the structure and natural laws of the human system, and whose every action is characterized by a firmness which foretells a feeling of the weighty responsibilities resting upon those whose office it is to deal with the life, health and happiness of their fellow-citizens.

Thus far our pen has met with no embarrassment, but when we come to say that quackery is practiced by many who call themselves regular physicians, we tremble as we write.

The man who wishes to accumulate wealth should not study any one of the three great professions: Law, Medicine or Divinity. For to reap the advantages requisite to make a proper member of any one of the three professions named, consumes more than he is willing to pay; hence the profession of his choice becomes a mere trade in his hands, and cannot be applied successfully by him while he regards it as such, a circumstance which is too clearly proved by the valuable lives which are daily forfeited by many who are entrusted with the sacred privilege of aeministering to suffering humanity in the capacity of physicians.

A thorough understanding of the elementary branches of medicine alone can form a foundation upon which the physician can safely stand. The works on practice which are written in London are comparatively worthless to the practitioner of the South-western parts of America. In reading them he gains something of the history and diagnosis of his case, but the articles of treatment recommended are oftentimes dangerous to the welfare of the patient who is situated in a different climate, and far from the impurities of a large city.

After a proper study of Anatomy and Physiology, let us make Pathology our practice. We must study it carefully, not in the lecture room or in books alone, but by dissection. It is the practice of all practices, and the practice of all climates. A neglect of this important branch of medicine has led to many direful consequences.

The various and often imaginary affections of the liver; a healthy young man approaches the practitioner with a slight indigestion, caused by a neglect of cleanliness or of proper exercise, for which the doctor prescribes blue mass or calomel, calling his disease an affection of the liver. In a short time the young man has a recurrence of his symptoms, and he notices upon the quack's bills, to be seen at every glance of the eye, liver pills advertised, and the certificates below induce him to try a box, after a time, another, and so on until he has arrived at the years of maturity. His affection of the liver is now truly a disease and his constitution ruined. Thus deception has been the ruination of this man, and he received the first impressions of it from a licensed practitioner of medicine. Hence the origin and continuation of quackery.

And besides giving support to quackery, a neglect of proper medical education has resulted in errors in the nomenclature of diseases, a circumstance which has exercised to the present, and will exercise for ages to come, a powerful and dangerous influence in the treatment of the principal affections incident to our species.

Too many practitioners treat disease by the name and not by the pathological evolutions. Take for example remitting fever. In the quack advertisements, on the street and grocery door, we find this disease written, "Bilious Remittent Fever." The same is to be found in works thrown in our midst, bearing the cognomens of scientific medicine. Hence, if the former is quackery the latter cannot be far from it.

In both intermitting and remitting fever the condition of the liver is the same. We know of no such a disease as bilious fever, and it is unfortunate alike for science and humanity that such errors are perpetuated—errors by which the inexperienced are governed in the very formation of the principles of practice which are to characterize their efforts through life.

Again, we notice in typhoid fever that general blood-letting and mercurials are recommended. Up to this time there is no cure known for typhoid fever; all that we can say is that it is a self-limited disease. But its pathology we do know, and in a well-marked case every organ of the system is in a state of irritation; therefore in the treatment of this disease calomel and its kindred preparations must be dangerous, for we must allay rather than promote irritability. Also in affections of the liver, where the organ is already over-stimulated we see mercurials recommended.

Thus we might go through with every disease known to our country, but we desist. It must be remembered that we do not object to calomel in its proper place, far from it, for the materia medica would not be complete without it. But we believe and know that its unscientific application has done much in the production and promotion of quackery. It is a potent remedy and must be used with discretion.

Our practitioners depend too much upon drugs in the cure of disease. With half the materia medica covers both the diagnosis and treatment. Often it is that a simple disorder is made a disease by an attack upon the system with powerful remedies.

Hence, to put an end to quackery we must cut short these old hereditary notions. We must have physicians, firm, knowing, responsible,—physicians who will maintain the dignity of the profession, who appear with an air convincing that they feel and know that they are members of a high calling, and that they duly appreciate the responsibilities which rest upon them, not of dealing with the property, but with the lives of their fellow-countrymen.

Nashville Journal of Med.

CASE OF POLYPUS UTERI SUCCESSFULLY REMOVED.

BY T. STANLEY BECKWITH, M. D., *Prince George Co., Va.*

During the month of May 1856, I was requested by Dr. Robert Harrison of this county, to visit with him a case of tumor within the vagina, presenting some features which rendered the diagnosis obscure.

The patient was a negro woman about 38 years of age, in apparently feeble health, and had been of but little service to her master for more than twelve months. She, however, occasionally attended to light work. Her disease has been heretofore considered prolapsus uteri. Upon examination, we found the whole vagina filled to distension by a large, solid, unyielding but apparently fleshy mass. We could gain but little information that was satisfactory with regard to its previous history, only that it had increased in size, within the past year, very rapidly, producing a constant sense of weight and pain in the loins and back, and a disinclination to exertion. She stated that she was regular in her menstrual periods, although the discharge was sometimes excessive. She had also a constant leucorrhœal discharge.

So completely impacted was the vagina, that we found it impossible to reach up high enough to ascertain the point to which the tumor was attached, or whether its connection was pediculated, or its attachment broad. We attempted to settle this point by the use of a bi-valve speculum, but without success. When pressed upon, she complained of pain, and located the tenderness in the tumor itself, although doubtless this sense of pain was from pressure on the coats of the vagina. We concluded, notwithstanding the obscurity of the case, that it was a polypus tumor attached to the mouth or neck of the uterus, and that an operation was proper for its removal.

After the examination, she stated that whenever she was "unwell," the surface of the tumor "sweated blood." If this was true, of course our diagnosis could not be correct; and this taken in connection with the apparent tenderness of the tumor itself, gave rise to some doubt as to the justness of our conclusion. It might be an anomalous case of inverted uterus. This suspicion was somewhat strengthened by the statement of the woman, that soon after her last confinement (now many years since) she was extremely ill, and "something came down, and she believed the tumor had been there ever since."

Under these circumstances, we concluded to wait until the next period of menstruation arrived, and examine her at that time, so as with as much certainty as possible to avoid that fatal error into which such men as Dr. Hunter and Dr. Denman have fallen, i. e. mistaking an inverted uterus for a polypus.

Directions were given that we should be informed when her next period arrived.

On the 16th of October Dr. H. again sent for me, stating that this woman was then menstruating, and requested me to visit her with him the following morning.

We found our patient very much exhausted from severe bearing down pains, under which she had labored during the preceding night, together with quite a large hemorrhagic discharge, and very much alarmed at the expulsion of the tumor from within the vagina. There was now no doubt as to the character of the tumor. We found a large polypus attached to the margin of the os uteri, by a pedicle or stalk obout 1 1-2 inch in diameter, the largest portion of the attachment reaching some distance within the neck of the uterus, and the remainder grasping the lip of that organ, and extending perhaps half an inch on its vaginal surface. An excessively offensive discharge existed, and portions of the tumor itself seemed passing into a sphacelated state. Its immediate removal was of course determined on; but fearing the effects of hemorrhage which might follow the use of the knife in her present exhausted state, we concluded to apply a ligature, as is usual in these cases. This was immediately done, drawing the ligature as close to the body of the polypus as its short neck would admit, so as to avoid encircling any portion of the uterus. Upon tightening the ligature, she complained of pain in the left leg, and her pulse became very much depressed. We gave her some brandy, with 60 drops of tinct. opium. The pain soon subsided, and the pulse reacted. We had feared that notwithstanding our caution, some portion of the lip of the uterus had been grasped by the ligature. Subsequent examination, however, proved that this was not the case. A wash, composed of 18 drops of creosote to the ounce of water, was prepared, and directions given to wrap the tumor in a cloth saturated with this solution, and kept moist; also to repeat the brandy and laudanum, if necessary.

The following morning, on visiting our patient, we found her very feeble, having had something of diarrhœa during the night; pulse quick and frequent; and she, very much alarmed for the result of her case. The creosote wash had removed all offensive odor. We were satisfied that all vascular communication had been cut off by the ligature, between the tumor and its attachment; and considering the prostrate state of our patient, we determined to cut away the mass of the tumor, leaving the neck with the ligature still attached to the uterus, hoping in this way to relieve the constant pain produced by this large mass dragging down the uterus, and also to avoid the absorption of decomposed matter, should any lesion have taken place during the forcible passage of the tumor out of the vagina. Accordingly the tumor was cut off about half an inch below the ligature, and close to the body of the tumor. No hemorrhage followed, except the emptying of the vessels within the tumor itself. The uterus at once rose to its proper position, and the patient reacted promptly under the influence of slight stimulus.

The tumor was weighed immediately, and found to weigh thirty-six ounces. In appearance it resembled an enormous ox's heart. Upon cutting into it, it was fibro-cartilaginous in texture, containing several cavities filled with a gelatinous substance. Its covering was a tough membrane, dark color, mottled, and streaked with large blue veins, with ulcerated points on the body of the tumor.

No unpleasant symptoms followed the operation. On the contrary, her improvement was regular; and upon a thorough examination, made about ten days after the operation with the speculum, we found the rest of the stalk had been thrown off with the ligature, and the parts of a healthy appearance. The woman has since continued to improve in general health, and suffered no inconvenience from the operation.

It will be seen, from the shape and size of the tumor, how difficult if not impossible it would have been to have detected the attachment by examination with the finger, and also with what difficulties we would have met in an attempt to apply a ligature, had not an effort of nature assisted us by ejecting the mass from within the vagina.

The peculiarities of this case are, 1st. The enormous size of the polypus. 2nd. The mode of attachment, grasping the lip of the uterus. Most commonly, I believe, these tumors are encircled by the mouth of the uterus, attached by a stem, either to the neck or fundus of that organ. 3rd. The benefit in this case of cutting away the mass of the tumor as soon as the vessels connecting it with the uterus were effectually closed, instead of leaving this large, decomposing and offensive mass to harass and perhaps endanger the life of the patient.

I cannot see a good reason why this course is not usually pursued when tumors of large size are to be removed by ligature. Having certainly cut off all vital connection, why wait for the slow process of separation by the ligature, when with one stroke of the knife the cumbrous body can be removed; and the ligature will as surely perform its part on the balance as if the whole were left undisturbed.

I believe this woman's life would have been endangered, if in her exhausted state, she had been required to bear some four or five days, the weight and odor of this disgusting tumor, decomposing and still attached to her.—[Va. Medical Journal.

DEATH OF DR. KANE.

DIED, *in Havana, on the* 16*th of February*, 1857, Dr. ELISHA KENT KANE, *aged* 35 *years.*

It is as singular as true, that the greatest triumphs of modern geography have been due to the daring bravery and indomitable energy of members of the medical profession. The continent of Africa, heretofore a sealed book—an unknown land, has been traversed in every direction by adventurous physicians; and the difficulties and dangers which have resisted all efforts, have at last been overcome by Drs. Barth, Vogel and Livingston. When from the tropics we turn to the poles, the same fact holds good. Dr. Rae, alone, of the numerous host who have scoured the Arctic realms in vain, has given us any trace of the lamented Franklin; and ELISHA KENT KANE has broken the icy barriers of the north, and revealed to an admiring world the wonders of the Polar sea.

Dr. Kane's short life has been filled with brilliant achievements and fearful perils. A graduate of the University of Virginia, and holding his medical degree from the University of Pennsylvania, he commenced, at the age of twenty-two, his extraordinary career. Appointed as surgeon to the Chinese embassy, he traveled on foot through the Phillipine and the unknown isles of the east; sojourned among the Negrites, descended the terrible crater of the Tael, and traversed India, Ceylon, Egypt. Ever restless, never daunted, our adventurer next visited Africa, and on his return home, during the Mexican war, volunteered to cross the plains of Mexico with dispatches for the American general. This hazardous service was performed at the risk of his life, and indeed he was desperately wounded on the field of Napoluca—but never forgetting the interests of science, even in the midst of dangers innumerable, he observed with care the barometrical altitudes of Popocatepetl.

Next we find him an eager volunteer in the American search expedition; and the public is familiar with the results of this voyage, as related in his Personal Narrative, published in 1852. Again, however, he returns to the same frozen north; and after passing through perils beyond number, and winning for himself an imperishable name, he returns home once more—to die. The fire burns too brightly—the flashing blade wears out the scabbard, and the restless spirit of ELISHA KANE sinks to rest as peacefully and gently as a little child.—[Va. Medical Journal.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, APRIL, 1857.

ORTHOPÆDIC SURGERY.—We would call attention to the card of Drs. J. B. & B. Brown, of Boston, and to an article from the Boston Medical and Surgical Journal, written by the former. Dr. J. B. Brown has made Orthopædic Surgery his speciality for many years, and has been associated with Dr. Buckminster Brown since the return of the latter from Europe. They have been eminently successful in the treatment of diseases of the spine and club feet. Dr. Buckminster Brown is the author of a valuable paper on "Caririous Diseases of the Vertebræ;" also, one on "Cardiac Displacement."

LUNATIC ASYLUMS.—We have before us the Reports of the Missouri State Lunatic Asylum, and of the Trustees and Superintendent of the Butler Hospital for the Insane.

The former is located at Fulton, Mo., and is under the superintendence of Dr. T. R. H. Smith. The latter, at Providence, R. I., is under the care of Isaac Ray, M. D. Both institutions give signs of being well conducted, and in prosperous circumstances.

NORTH AMERICAN MEDICO-CHIRURGICAL REVIEW.—This new journal, of which we have before spoken, has come safely to hand, and is worthy our admiration. It appears externally very much like its European namesake, and will be principally devoted to reviews and critical notices of medical books. Its list of collaborators embraces some of the most talented men in the profession, and as they are mostly men in the prime of life, we may expect to find in its pages a fair proportion of Young American spirit.

We can recommmend it to our friends who wish a valuable review It is published bi-monthly, at $4 per annum, by J. B. Lippincott & Co., Philadelphia, and edited by Drs. S. D. Gross and T. G. Richardson.

Brain of the Horse.—We have received from Dr. Dadd, the justly celebrated Veterinary Surgeon, and editor of the Veterinary Journal, a copy of his beautiful Lithographic Plate of the brain of the Horse, enlarged, giving the origin of the nerves and distribution of the arteries of the base of the brain. It may be procured by remitting $2 to Dr. Geo. H. Dadd, Boston.

Age of Physicians.—Casper states, in his *Wochenschrift*, that of the 3,462 physicians of Prussia (in 1851), one-half are under 34 years of age, and that a fourth part of the entire number, are under 29. This remarkable predominance of young physicians exists, probably, in the profession in all parts of the world. In the period between 45 and 60, which is regarded as the age of ripest experience and mental activity of men in general, hardly a fifth of the Prussian physicians are found; and only one-sixteenth of the body are above 60. As the elder practitioners are chiefly consulted by the well-to-do portion of society, it results that the mass of the public is in the hands of the young men, as is also the literature and scientific progress of the profession. We may estimate the probability at more than two to one, continues Casper, that the writer who instructs us in a new work or article on practical medicine, is between 24 and 34 years of age, and must appreciate his recommendations accordingly!—[Va. Med. Journal.

A Good Collector.—The celebrated Dupuytren had a faithful servant, who was always stationed at the door of his hall. There were two bells fixed over this porter's head, communicating with the consulting room. On bowing the patient out, Dupuytren rung one of the bells. If the fee had been paid, one particular bell was rung, and the servant understood that all was right, and the patient was allowed to depart without any interruption. If the patient forgot the baron's fee, the "no pay" bell was tingled, and the servant addressed the patient very politely in the following manner: "Mille pardons, Monsieur, I think you have forgotten to give the baron his fee." "*Ciel*," exclaims the patient, "*quelle negligence, le voici, avec mille apologies au baron.*"—[Ib.

Tit for tat.—A few years before Dr. Baillie's death, during a visit which the late Professor Gregory of Edinburgh made to London, these eminent physicians, each distingushed in their several departments, conversed together on several occasions, and the judgment they jocosely passed upon each other was expressed in the following manner:

"Baillie," said the accomplished and classical professor, "knows nothing but physic." "Gregory," exclaimed the experienced and skillful London practitioner, "seems to me to know every thing but physic."—[Ib.

CONTENTS.

Original.

PAGE.

Case of Removal of the Cervix Uteri, for Non-Malignant Hypertrophy. By Horatio R. Storer, M. D., of Boston........... 97

On Abscess. By A. B. Crosby, M. D........................ 101

Case of Duodenitis. Reported by Geo. H. Hubbard, M. D...... 111

Foreign Correspondence. *Letter from Paris.* J. B. Greeley, M. D. 113

Selected.

Treatment of Club Feet. By J. B. Brown, M. D.............. 114

Quackery. By W. P. Moore, M. D.......................... 119

Case of Polypus Uteri Successfully Removed. By T. Stanley Beckwith, M. D.. 122

Death of Dr. Kane.. 125

Editorial, &c.

Editorial.. 126

Varia.. 127

BOSTON

ORTHOPÆDIC INSTITUTION;

FOR THE TREATMENT OF

Club-Feet, Curvatures of the Spine,

AND OTHER DEFORMITIES OF THE HUMAN FRAME.

J. B. BROWN, M. D.,
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ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 111.)

As a result of the morbid processes, before mentioned, we get a fluid which we call pus. In general, pus is made up of a fluid portion, yellowish in its color, which is called liquor puris, and pus corpuscles, which float in the fluid. Pus resulting from a recent healthy inflammation, is said to be laudable. Other terms are applied to it, indicative of its character. Thus pus containing blood is said to be sanious, or if it is thin and acrid, ichorous; and so various other terms have been supplied to denote its character. Laudable pus is an opaque fluid, of the consistence of cream. Its color is generally that of straw, with sometimes a greenish tinge. When warm it has a peculiar mawkish odor, which it loses on becoming cold. The genuine pus corpuscle is perfectly spherical, with a finely granulated surface. A single corpuscle appears colorless, but an aggregation of them presents a yellowish color. They consist of cell walls, nuclei and nucleoli. When thrown into water they increase in size, and become more transparent; due most probably to endosmose. When treated with acetic acid, the cell wall is dissolved, and the nucleus can be readily distinguished. These are some of the characteristics of laudable pus, the recognition of which is always easy. The causes which give rise to the formation of pus, are sometimes very obscure. In general, the cause of an abscess is idiopathic. Anything which produces a depression of vital force in a part, may be said to be an exciting cause. Everything which acting in excess would cause the death of a part, may be ranked in the same category. If a certain degree of heat be applied to the surface of the body, it will excite inflammation. If a still greater heat be employed, it will cause the death of the part. A slight mechanical injury will be followed by inflammation; a severe one will destroy. A dilute escharotic lights up an inflammation; a concentrated one forms an eschar. The instances cited are all such as would have a tendency to depress the vital force of a part, and might be the exciting cause of inflammation.

Proximate causes are those which interfere with the necessary conditions of nutrition in a part. Anything which shall interfere with the supply of blood in a part, or with its composition, or with the nervous force, or with the condition of the part itself, may thus be considered a proximate cause. If the supply of blood to a part is diminished—its quality remaining the same—atrophy is the result. Should the diminution of the supply be very great, a death of the part ensues. On the contrary, an increase of normal blood produces hypertrophy. So an increased or diminished influence of the nervous force, is followed by similar results. It is not by any means necessary that *all* the conditions of nutrition should be infringed in cases of inflammatory suppuration. But it will generally hold true that an abscess will not form unless the *quality* of normal nutrition is changed. It is believed that this condition is essential to its formation, and that too whether the other changes referred to occur or not.

There is very little uniformity in the nomenclature of abscess. Many varieties of abscess are cursorily mentioned, the most of which are simple modifications of a few, well marked in their characters. An abscess by metastasis is mentioned—and hence called metastatic. So there is the puerperal abscess, occurring in puerperal women, the pus of which is very contagious;—and scrofulous abscess, occurring in persons of a scrofulous habit;—the lymph abscess, and many others. It is not deemed advisable to enumerate all these, but to regard the most of them as modifications of a few forms, or as exceptional cases.

There are two forms of abscess, each of which has a well marked natural history: they are the acute and chronic. An acute abscess is usually preceded by the phenomena of inflammation. If the affection is of much moment, there is increased heat of the skin, a furred tongue, an increase in the frequency and force of the pulse, with anorexia. The severity of the constitutional symptoms will depend upon the extent of the inflammation, and the textures involved. The local symptoms, if it is superficial, are pain, heat, redness and swelling. If the affection is deep-seated, pain and heat will be present, either with or without the redness and swelling. The pain is of a quick, burning, throbbing character. The intensity of the pain is directly proportionate to the resistance offered by the surrounding parts. If the antecedent inflammation producing the abscess, occurs beneath a dense fascia, beneath the periosteum, within the cavity of a joint, or cavities in bone, the intensity of the pain is directly proportionate. The pain is obviously due to some interference with the nervous force. Certain it is that there is always an exalted state of the nerves in an inflamed part. It has been contended that the dilatation of the vessels in inflamed tissue, puts the nerve filaments, distributed upon them, on the stretch, and that the pain is due to this. It is probable that this is not the sole cause, but as all agree upon this point, and differ in regard to the other causes which have been assigned, we shall omit them. The heat of a part thus inflamed is generally considered due to the more rapid oxidation of the tissues, and the rapid afflux of blood around the affected tissue. The redness and swelling have been sufficiently dwelt upon already. After these phenomena have continued for a length of time ranging from three days onward, the intensity of the symptoms begins to abate. The heat and redness diminish. The pain gives way to a sense of fullness and weight. If swelling has been perceptible, the tumor becomes larger and softer. Towards the close, constitutional symptoms manifest themselves. The pulse becomes larger and fuller. Rigors are felt running over the back loins and extremities. Pus has formed. The rapidity and intensity of the symptoms depend upon the character of the preceding inflammation.

If the inflammation has been slight in degree and extent, the symptoms correspond. Such are the signs which indicate the formation of an acute abscess. If art does not interfere to evacuate its contents, nature makes an attempt to accomplish it, as before described. But the collection of pus may have occurred in deep-seated parts, or beneath unyielding tissues;—in which case the pus is not evacuated, and the abscess becomes chronic. As we have said chronic abscess may follow the acute, or it may occur without the signs which indicate the acute form. In the latter case the symptoms are passive in their character. Sometimes there is an entire absence of symptoms, and rigors give the first indication of the formation of pus. Frequently a feeling of lassitude is the only morbid feeling of which the patient is conscious. The walls of a chronic abscess become highly organized, and its existence usually gives rise to a most distressing train of symptoms. The pulse is small and frequent. There is anorexia, and the feet and hands are hot and dry. More or less sweating at night, and all the distressing signs of hectic present themselves. The formation of pus may be entirely characterless or obscure, and latent signs may indicate its presence. It may sometimes be difficult to detect the presence of pus, or even to determine its locality.

Pus may occur very deep, and a secondary abscess may develope itself superficially to it. Many accidents may thus arise to complicate the diagnosis, and make the detection of pus one of the most difficult things imaginable. The presence of pus is a necessary condition of abscess, and its detection is consequently essential to a correct diagnosis. If one hand be placed upon one side of a tumor, and the other side be smartly tapped by the other hand, we sometimes feel an undulation or wave running from one side to the other. The tumor fluctuates, and if inflammation has preceded its formation, we conclude that pus is present. The "tactus eruditus" is not to be communicated on paper, but requires much practice for its acquirement. The impression made upon the finger is sometimes extremely deceptive. The areolar tissue is so distensible that when swollen it sometimes simulates fluctuation. Infiltration of serum, and effusion into the cavity of a joint, are both liable to be mistaken for pus. There seems to be an intuitional perception of the presence of pus in some men, while others never attain the slightest facility in its detection. Dr. Nathan Smith and Dr. Twitchell—sacred names in the medical history of New Hampshire—were remarkable for the facility with which they could detect its presence.

The first indication in the treatment is to prevent the formation of pus, and to promote resolution. Probably one of the most efficient means of accomplishing this is local depletion. A free use of leeches or cups during the initial stage of an inflammation, very frequently aborts it at once. In addition to this, cold applications and perfect rest are serviceable. A low diet, and a rational use of purgatives, will frequently bring to a satisfactory close the treatment of an inflammation, which otherwise might have gone on to an unfavorable termination. If the treatment cannot be instituted sufficiently early, or if it fail to prevent the formation of pus, the next indication is to promote suppuration. To accomplish this we employ poultices. The characteristics of a good poultice are warmth, softness and moisture. It should be light and frequently renewed. A good poultice has a tendency to relax the skin, promote perspiration, soothe pain, encourage the formation of pus, and generally to determine to the surface. Its value can hardly be over-rated. Mr. Abernethy, in his quaint way, discourses of poultices. "Poultices," says he, "are blessings or curses as they are well or ill made, and they more commonly only irritate instead of doing good." Again he gives us the characteristics of a good poultice: "It should be perfectly soft, perfectly smooth, and perfectly moist." And again we learn how to make a poultice: "Scald out a basin (for you can never make a good poultice unless you have perfectly boiling water), and put boiling water in it; throw in some coarsely crumbled bread crumbs, and cover it up with a plate. When as much water has been soaked up as the bread will imbibe, drain off the rest, and a light pulp (not to be beaten into a paste as usually done, but merely broken with the edge of a fork) is then left, which is to be spread the third of an inch thick on folded linen, and applied at the temperature of a warm bath." Poultices can be made of slippery elm, flax seed, indian meal, and a variety of other substances. A most excellent poultice powder may be prepared, consisting of one part of slippery elm, and two parts of the ordinary bakers's crackers. This makes a very neat poultice, and possesses all the necessary requisites. Sometimes it is desirable to medicate a poultice. This may be readily accomplished by pouring over a fresh made poultice, the juice of fresh hemlock, or a warm decoction of opium or of carrot. Poultices of this description are very soothing when the pain is severe, and answer an admirable purpose.

The third indication in the treatment of abscess is, when pus has formed to cause its absorption if possible. When this can be accomplished it is unquestionably the most favorable termination of suppuration. The means which have been advised to bring about this result are general and local. The general agents employed are purgatives, diuretics, diaphoretics, alteratives and emetics. Locally, friction has been employed with iodine and mercury. Leeches, blisters, and cold or hot affusion, have been used for the same purpose. Good air and a well regulated tonic course tend to the same end. Absorption of pus may sometimes occur while efforts are being made to bring about suppuration. It cannot be denied but that the termination of an abscess by absorption, is on the whole an exception. Should this plan of treatment prove unavailing, it should soon be relinguished, and entire suppuration encouraged. A fourth indication consists in evacuating the contents of an abscess when once formed. If the collection of pus occurs in yielding tissues, and near the surface, it will break by itself without interference from the surgeon. If, however, pus happens to form beneath tendons, or thick skin, or follows infiltration of urine, art should interpose. The same rule holds good if it occurs beneath fascia, or in loose areolar tissue, so near a joint that it may burrow, or where as about the face it is desirable to avoid a scar as far as practicable. It is important to determine the best period to open an abscess. Usually it is best not to interfere until pus is fully formed. If an opening is made too soon, the wound will heal, suppuration will still go on, and this early interference has no other effect than to delay maturation. At other times an early opening is absolutely essential. This is especially the case when the pain of tension is very great, and there is danger that an opening may be forced into a natural cavity, or that harm may accrue from pressure on surrounding parts. It is equally important that the opening should not be delayed too long. Pus having formed, and not gaining an exit, the abscess is liable to become sluggish,—ugly ulcerations occur, and sinuses equally annoying. As a rule, then, an abscess should be opened only when suppuration is fully established. There are two ways to open an abscess, either with cutting instruments or escharotics. If an abscess is small and superficial, a sharp needle is all the instrument that will be required. Otherwise, a straight-pointed, double-edged bistoury is best adapted for the purpose. The thinest point should be selected for the opening,—care being taken to avoid important vessels and nerves. It is always advisable, as far as practicable, to select the most depending portion of the tumor for the incision, in order that gravitation may aid in the evacuation of the pus. Having decided on the point where the opening is to be made, the bistoury should be passed into the abscess by a direct puncture, and this enlarged in either direction. It is usually better to have the incision correspond with the long axis of the tumor. Having made an opening, the pus should not be forced out by pressure, but allowed to discharge into a soft poultice. If the edges of the wound show an inclination to unite, a tent may be introduced until the discharge is fairly established.

The method of opening by escharotics, is as a rule ill advised. If, however, the parts about the abscess are so far destroyed that a due amount of reparative inflammation will not be set up, or if it is glandular in its character, then caustic potash, or some similar agent, may be employed, with a view not only to make an opening, but to produce a slough, and excite a healthy inflammation. The pain attendant upon these operations may be avoided by the use of anesthetics, or the local application of cold. The treatment of chronic abscess is somewhat different. There are certain constitutional indications to be attended to. The general health should be improved, and tone and vigor imparted to all the different functions. An attempt may be made to cause absorption, by the means before mentioned. If this cannot be accomplished, (and it is rarely possible,) an attempt should be made to evacuate the pus. The great danger is that air may enter the cavity of a chronic abscess, and decomposition result. Hydrosulphate of ammonia may be absorbed, the patient drops into a typhoid condition, and death is the result. Sometimes it is advisable to empty the abscess, use a stimulating injection, and apply pressure over the surface. In order to prevent the ingress of air, a valvular opening may be employed, or an opening having been made, and part of the pus removed, it may be closed with collodion for a few days, until the parts shall contract upon the remaining contents. Another opening may now be made, and so on until the cavity is obliterated. Sometimes it is advised to immerse the part in warm water before the opening is made. Such are the general indications in the treatment of acute and chronic abscess. We shall now consider specific forms of abscess, and endeavor to mention the peculiarities in the signs and treatment of each.

(To be continued.)

THE CONVEXITY OF THE IRIS, AND THE NON-EXISTENCE OF A POSTERIOR CHAMBER OF THE EYE.

BY DR. CHARLES ROUGET,
Prosector to the Medical Faculty.

[Translated from the *Gaz. Medicale de Paris*, for the N. H. Journal of Medicine.]

The iris is convex, and this convexity is the consequence of the direct application of the crystalline lens to its posterior face. To the objections incessantly renewed, and the theorems in physics, more or less correctly applied, which are opposed to this opinion I make not this or that opinion, but the direct examination of facts.

In a large number of animals this convexity is so marked that it is impossible to doubt it, and a direct relation is constantly observed between the curvature of the anterior surface of the crystalline lens and that of the iris.

I can cite for example among birds the owl, in which the crystalline lens is almost spherical, and the iris very convex; among the mammiferæ, the rabbit, in which the same thing can be verified. As to man, in whom they persist in denying the curvature of the iris, even when they acknowledge it in animals, the arrangement which he presents is only a confirmation of the relation which constantly exists between the curvature of the iris and that of the anterior face of the crystalline lens. This last is in fact very slight, and hence in the condition of repose, of adapting apparatus, the iris of man appears almost plane.

By processes mathematically exact, Helmholtz has established the fact, announced by Hueck, that in the adaptation for viewing near objects the iris becomes manifestly convex, and has measured the variations of this convexity. Moreover, examination with the ophthalmoscope has shown him in the living man the pupillary border of the iris in immediate contact with the anterior face of the crystalline lens.

But direct demonstration of these facts can be given in animals, and even in man, especially in the child, whose crystalline lens is, as is well known, more convex than that of the adult.

If, after removing the posterior segment of the ocular globe, we place the anterior segment in water, the transparency of the vitreous body and of the lens permits us to observe closely the relations of the posterior surface of the iris to the crystalline lens, and to prove that there is no space between them, that the iris is not floating, but applied immediately to the anterior surface of the lens as the ciliary processes are to periphery. This mode of observation to which I had recourse, without knowing that M. Giraldes had used it, has given us both perfectly identical results.

It is only after manœuvres which have produced an artificial displacement of the iris, that the existence of a posterior chamber is supposed to be established, as by the aid of a needle traversing the eyeball from the back to the front.

But the immediate contact of the crystalline lens and of the iris on one side, and on the other the convexity of this membrane, are two facts so connected that it is sufficient that one of the two should be established, and the other follows as an immediate consequence. Now I believe I have put the convexity of the iris beyond question by the following procedure, which avoids all causes of error, and which I have tried on the eyes of rabbits, dogs, etc., taken from the orbits immediately after death, and upon the eyes of children or adults, taken twenty-four hours after death, and of a perfectly natural appearance.

The anterior border of the junction of the cornea and sclerotic coat, is constantly in a plane anterior to the adherent or peripheric border of the iris. If the surface of the iris is plane, a straight line joining two opposite points in the anterior border of the sclerotic ought not to touch the plane of the iris. It would be the same with a rigid axis substituted for this imaginary line. A delicate needle inserted at the line of union of the cornea with the sclerotic, and directly traversing the anterior chamber, to go out at a point diametrically opposite, necessarily traverses from side to side the iris and the crystalline lens, of which a segment, larger or smaller, according to the kind of animal, is manifestly before the needle. Another needle, traversing the anterior chamber so as to touch the margin of the pupil, the space between the two will measure the convexity of the iris.

An inverse experiment confirms the preceding, and removes all the objections which can be raised to the *modus operandi.* The needle entered at the same point as before is not carried directly to the point of escape. On the contrary it is carried so that the poin absolutely does not touch the iris, and nevertheless is carried out at a point diametrically opposite the point of entrance. In this experiment the point of the needle has everywhere avoided the iris and the crystalline lens, but because it has again penetrated the sclerotica, the rigid shaft of the needle makes in the crystalline lens and the iris a furrow at the bottom of which it is lodged, and the depth of which measures the convexity of the iris.

FOREIGN CORRESPONDENCE.

City of Paris, 1*st Feb.*, 1857.

My Dear Doctor:—Before leaving home I experienced much difficulty in obtaining such information as I desired regarding the medical opportunities of *Paris.* I therefore formed a resolution in my own mind, that after having become thoroughly conversant with the schools, &c., here, to attempt a slight description of them, that would be useful to those persons who intend to visit Paris for the purpose of prosecuting their medical studies, and now after having spent some six months among the Hospitals of Paris, I feel more than ever inclined to carry out my resolution. I am sure that many of the *young men* in the "*States*," who, after obtaining their diplomas, plunge directly into the practice of medicine, would hesitate before taking this almost fatal step did they know the immensity of the field here for medical and surgical observation, the free and liberal manner with which it is dispensed to all, particularly to "*Americans*." It is to these young men that I would address this letter, detailing such facts only as appear to me more important for one just entering Paris, to perfect his medical education.

"*Paris*" is the great intellectual centre, not only of France, but of the European continent and of the world; from its prolific press the most valuable publications are constantly issuing; it takes the lead in scientific research and discovery, and has every claim to be considered a magnificent and wonderful city. Its superb and beautiful collections of ancient and modern art, are with a noble spirit of generous liberality thrown gratuitously open to foreigners at all seasons. In every branch of knowledge lectures are delivered gratis by the most eminent professors, and the stranger who has paid the least attention to the fine arts, becomes, on arriving in Paris, in some measure identified with them. Even the public amusements are of a nature that tend to the improvement of the mind and the advancement of civilization. But amid all its institutions, that of *Medicine* stands out—as it should—first and foremost. It has outlived all opposition, and attained a perfection almost incredible. The lives of such men as "Dupuytren" and "Louis" have not been in vain. They not only helped to place the science of medicine on a firm basis, but have left behind them that laudable spirit of ambitious emulation, that *shall* go on working out new wonders, and enrolling new names among the benefactors of mankind. And it is here, near the ashes of these great men, that one feels more than ever "the will to do, the soul to dare."

The expense of a medical education in Paris is trifling, compared with that of the other European schools. All the lectures at the "Ecole de Medicine," and most of them at the "Ecole Pratique," are public and gratuitous; nor is any payment required for hospital attendance. A medical library, containing upwards of 30,000 volumes, and an immense museum of comparative anatomy, are daily open to the students. Gratuitous lectures are also given at the "Jardin des Plantes," the College de France," and the "Sorbonne," on subjects relating to medicine. The study of anatomy and operative surgery alone would almost pay one for a six months' stay in Paris. By the payment of twenty-five francs, a supply of subjects for the whole season is secured, with instruction and daily demonstration. To take advantage of the hospital practice, you must have made up your mind to forget comfort and pleasure; for the visits of the professors are made before eight o'clock in the morning, and it is necessary to rise as early as half-past six. And as you can only live near one hospital, you will sometimes have to go two or three miles to attend the service of some favorite professor. Great advantages are offered in the study of special pathology; hospitals being set apart for patients afflicted with diseases of the skin, those peculiar to infancy and old age, scrofula, calculus, syphilis and mental derangement. In no other country will the student have equal opportunities of observing these affections. A whole season may indeed be well spent in Hospital "St. Louis," one of the largest in Europe, and chiefly dedicated to cutaneous and scrofulous diseases.

The study of the diseases of women is more practiced than in any other city in the world, owing, I believe, to the absence of all modesty (whether false or otherwise) in the French women; they resign themselves wholly into the hands of their physician, and allow themselves to be stripped naked, and a diseased part examined, though the bed is surrounded by students. In labor the patient is wholly uncovered for the benefit of those around, and I have often seen more than fifty students watching this process of nature. How many of our American women would be thus willingly exposed? I am proud to believe *not one!*

An American, whose time in Europe is limited to a year or so, cannot take advantage of all or even of more than one or two of the hospital practices, except by engaging private instruction from one of the internes of each hospital, which is the course usually adopted by Americans; though this is somewhat expensive, it is altogether the best way of getting at the French practice. A class is usually formed of four or five persons, who engage a teacher in the different hospitals, at the rate of about 200 francs per month; by this means they are enabled to visit a different hospital each alternate hour, and give their whole attention to those cases only which are interesting and instructive. Next to these, the clinical lessons of some of the specialists of Paris are the most instructive,—for instance, those of Desmarres and Sichel on the Eye, those of Cazeaux, De Paul and Pajot on Midwifery, those of Dupas and Barcus on Pathology, those of Guersant on Diseases of Children, and Bernard on Experimental Physiology, are among the most important. I mention these because they are private, and one might live in Paris a long time without hearing of them. I have met several Americans who had been in Paris a year or more, but from ignorance had not taken advantage of these valuable courses.

The expense of living in Paris is about the same as in Boston or New York, though it can be made to accommodate any extent of purse. The best part of the town for one staying any length of time is near the "Jardin de Luxembourg;" the "Hotel Cornielle," "Hotel des Rome," "Hotel des Americans," are all good houses, and not extravagant. In regard to the language I should advise one to be well grounded in the principles of the French, without even attempting to pronounce it, for he will inevitably pronounce badly, and it is much more difficult to unlearn than to learn correctly. One month among the French will do more for his pronunciation than six months' hard study at home. In deciding to come to Paris, let not the pleasures of the gay capital entice you; think not to enjoy the Opera, the Ball-Masque, or the "Cafe Concerts," for if you are intent upon the great object of your visit, you will find work enough to occupy all your time. Ay, *hard* work! This will perhaps require much firmness, much self-denial; but come prepared for it; *work!* emulate the great men you see around you, and you shall help to increase the popularity of the "American student" in Paris, while you greatly multiply your private interest. Those Americans who have been here before us have gained a reputation for industry and perseverance worthy the proud land of freedom from whence they came, and now wherever there is anything to be seen which appertains to the science, you will find the Americans. The best seats in the Amphitheatre are called the "American seats," as they are always filled by the *Yankees*, who have secured them by going and occupying them long before the lecture commences. From sunrise to sunset, literally speaking, you will find the *American* engaged in the close and arduous study of his profession. His attention is eagerly turned to all the mysteries of Physiology and its concomitant sciences; he thinks not of his health; all his mind is absorbed in that one love of his profession. You will see him where disease is making its most frightful ravages,—where infection and contagion reign supreme. You will also see him making careful explorations of those whose diseases have buffeted human skill. Come, then, ye who have youth and strength on your side; come with a hearty will, and help to solve this great problem of our lives, (disease,) which has already yielded so much to the sturdy strokes which have been and are now constantly being showered upon its pitiless head. Prof. Simpson said, in his address to the graduates in Edinburg, "Talk not of the heroism of him who flies to arms at the sound of the trumpet, with the phantom of glory beckoning him onward; somewhere for him in the dim future there may be honor and power, of which he dreams that he may be the possessor, and hope whispers that he shall bear a charmed life amidst the smoke and din of the battle. But it bears no analogy to the heroism of him who voluntarily gives up his life to the interest of humanity, who consents to die that others may live, and makes this sacrifice, not that he may be crowned with glory, but that he may by suffering death himself, bind up other broken hearts, and heal other wounded spirits." This, then, is the prowess, and these the noble achievements, which beckon you onward, and which are to reward you.

The Hospitals of Paris are divided into two classes; 1st, General Hospitals, which are open to all those complaints for which a special hospital is not provided; 2nd, Special Hospitals, devoted to the sole treatment of particular classes of disorders. Of both classes there are 26 in number, and the total number of beds is 17,469. A gentleman having a diploma from any of the medical schools of the United States, is admitted to these hospitals without charge (By the way, do not forget to bring your diploma, or you may be subjected to much inconvenience, and unable to visit the hospitals.)

General Hospitals:—"Hotel Dieu," the oldest and largest hospital in the city, and being the most central, is the most frequented by students. The Physicians are Drs. Legro, Heurteloup, Piedaguel, Sandras, Guerand, Grisolle, and Trousseau; Surgeons, M. M. Laugier, P. Boyer, and Jobert. "Hopital Lariboisiere" is a new hospital, the finest and best arranged in Paris. Physicians, M. M. Hervez de Chegoin, Pidoux, Bourdon, Tardieu, and Herard; Surgeons, M. M. Voillemier and Chassignac. "Hopital de la Pitie," Physicians, Drs. Marrotte, Gueneau de Mussy. Gendrin, and Becquerel; Surgeons, M. M. Michon and Maisonneuve. "Hopital de la Charite,"—in charge of Drs. Bernard, Rayer, Piorry, Cruveilhier, Bouillaud, and Briguet; M. M. Velpeau and Jairin are the Surgeons. "Hopital Beaujon,"—Physicians, Drs. Barth, Behier, and Gubler; Surgeons, M. M. Huguet and Robert. "Hopital St. Antoine,"—Physicians, Drs. Aran and Oulmont; Surgeon, M. Richet. "Hopital Necker,"—Physicians, Drs. Guillot and Bouley; Surgeon, M. Lenoir. "Hopital Cochin," Physician, Dr. Beau; Surgeon, M. Gosselin.

Special Hospitals:—"Hopital St. Louis," which I have alluded to before. Physicians, Drs. Cazenave, Devergie, Gibert, Bazin, and Hardy; Surgeons, M. M. Denonvilliers and Malgaigne. "Hopital du Midi," exclusively for syphilitic male patients; its Physician, Dr. Puche; its Surgeon, M. Richard, who is an American, a native of Baltimore. "Hopital Lourcine," for female syphilitic patients, under the care of Dr. Bernaitz and Surgeon Morel. "Hopital des Cliniques," appropriated to Surgical diseases and Midwifery; the Surgical department under M. Nelaton, and the latter under *Paul Dubois.* "Hopital des Enfants," as its name denotes, is devoted to the cure of diseases of children. Physicians, Drs. Bouvier, Gillette, Royer, Blache, and Bonneau; Surgeon, M. Guersant. There are many other hospitals in and around Paris, but I have not yet had time to visit them.

Yours, &c., J. B. G.

N. B.—The lectures commence the 1st of November, and continue until August.

(For the N. H. Journal of Medicine.)

ACUTE PLEURITIS, WITH EFFUSION AND SUDDEN DEATH.

Mr. Editor:—I will give you a very brief sketch of a case which I recently saw in consultation, and which, in some respects, was unique.

The patient was a man about fifty years of age, who had up to his last illness generally enjoyed good health. I did not reach the house until about fifteen minutes before he died, and no particular examination could then be made; but the history of the case, as I learned it from the attending physician, is as follows:—Saturday forenoon was engaged about his business, and in his usual health. In the afternoon was taken with severe chills, lassitude, pain in the limbs, back, head, &c. An attempt was made to procure perspiration, but without effect, Nausea very soon commenced, and on Monday a physician was called, who found him with a face somewhat flushed, pulse somewhat rapid but feeble, surface and extremities rather cool, complaining of no pain, no cough, no difficulty of breathing, nor scarcely anything save a slight soreness of the chest, and extreme nausea. The latter was the most prominent symptom. There was no burning heart, or unusual thirst, or anything to indicate with certainty the seat and extent of the difficulty. At this time, full inspirations could be taken without uneasiness, and this state of things continued until Wednesday morning, when there began to be much dyspnœa, aggravated by the recumbent posture, and an increased coldness of the surface. These symptoms rapidly increased, and on Friday morning he died. A post mortem examination was had the next day. The liver was enlarged considerably from congestion, but not altered in structure. and there was an unusual fullness of the blood-vessels of the stomach and vicinity. But upon opening the chest the principal disease was found. The pleura cf the left side was completely filled with serum, compressing the lung into a very small compass, and its whole costal surface thickly covered with coagulable lymph.

From the symptoms and appearances detailed above, it appears that from the collapse resulting from the first onset of the inflammation, there was at no time more than a very imperfect reaction. The peculiarities of the case were the almost complete absence of pain, cough, expectoration, and, until the last two days, of dyspnœa.

The object of this communication is to elicit from those of more experience the proper treatment for a case like this. In the first place, what would be the most judicious plan to pursue when first called to a case of this kind, where the symptoms are so obscure as to render it very difficult or impossible to ascertain the exact location and extent of the mischief? And in the second place, what would be the proper treatment supposing the diagnosis to be clearly and accurately made? Would blood-letting have been advisable at any time in the progress of the case? or should reliance have been placed solely upon calomel and opium? or were stimulants of any kind indicated? Mr. Editor, if you, or any of your readers, who have had experience in similar cases, will give us your views, you will much oblige L. W. W.

Feb. 20th, 1857.

[We must say that we never saw a case so destitute of symptoms as the above is represented, and we cannot from his description determine whether the real difficulty was as represented, or whether there was carelessness or ignorance on the part of the attending physician. But we are inclined to the opinion that a careful physical examination of the chest (which should be made whenever there is any "soreness," however slight,) would have given some clue to the real state of the mischief, without waiting for the developements of the post mortem examination.

As to treatment, little need be said. If the physician does not know what ails his patient, he cannot be expected to treat him very intelligently.

The remedies for sub-acute inflammation of the pleura are sufficiently well known, but we confess to a suspicion that there was some disease of some other of the important organs that escaped detection, both before and after death.

It is useless to talk about treatment while the diagnosis is imperfect, and when this is clear the treatment suggests itself.—Ed.]

ON THE TREATMENT OF OVARIAN CYSTS.

BY MM. BARTH, VELPEAU, MALGAIGNE, CRUVEILHIER, TROUSSEAU, JOBERT, CAZEAUX, ETC.

We propose to compile from the voluminous records of the *Bulletin de l' Academie*, a sketch of an extended discussion, by the magnates who compose the French academy of medicine, on operations for the radical cure of ovarian dropsy, and the treatment of ovarian cysts in general. The starting point of this debate was a case, alluded to in our last volume, in which Dr. Barth, the eminent pathological anatomist, adopted a somewhat novel method of treatment. Our readers will recollect that M. Barth's patient had a large unilocular cyst, which had rapidly augmented in volume, and, when she entered the Beaujon hospital in March 1856, occasioned considerable dyspnœa by its pressure on the diaphragm. The cyst was punctured a little above the pubis; a portion of its contents was suffered to escape; the curved trocar was then reintroduced and a second puncture was made from within outwards two inches or more above the first; a flexible tube was then inserted to serve for a permanent canula; an end of the tube was brought out at each puncture; the middle portion, pierced with little holes, remained in the cyst. Subsequently, at intervals of a week or fortnight, two or three iodine injections were practiced. The patient's general condition having greatly improved, and the cyst having contracted and very notably diminished, M. Barth brought the patient before the academy, April 1st, 1856. The history of the case up to this date is given in detail in our number already referred to; the subsequent history was communicated to the academy, by Dr. Barth, October 14th, 1856. Early in April the tumor ceased to diminish, though a profuse sero-purulent discharge continued. The patient, losing patience, insisted on withdrawing the canula; she did so, and left the hospital, May 18th.

On the 26th of May she appeared at the public consultation much emaciated and with an altered countenance. M. Barth urged her to enter the hospital, but she refused, and returned to her home at Neuilly, whence she had come on foot. The same evening, she was brought back to Beaujon, *in labor!* "The next morning, they told me," says M. Barth, "that she had been confined. I cannot express to you my surprise, nor my retrospective terror. I would not believe them; but they presented me with the child." In short, she was delivered of a fœtus of five months. Acute peritonitis set in, and she died on the 28th.

At the autopsy, the cyst was found flattened and collapsed; at its upper part was a small orifice, through which its contents had escaped into the abdominal cavity; the peritoneum was filled with flaky serum, and covered with false membranes. Behind the tumor, the womb presented its usual appearance after accouchement.

Under cover of this cyst, observed M. Barth. a pregnancy had developed regularly, without the slightest suspicion of its existence having been aroused. The patient had assured us that the catamenia had been suspended for eight months, and she confirmed this statement just before her death. She was a married woman, and had no motive to conceal her pregnancy; she was, therefore, unquestionably herself deceived.

The punctures being closed, there was no mode of escape for the contents of the cyst. In consequence of the compression to which the latter was subjected by the enlarged uterus, it was finally ruptured; the premature labor was consecutive to this rupture.

The operation had nothing to do with this fatal result. The perforation through which the contents of the tumor were extravasated, was not near the punctures; it was at the summit of the cyst.

M. Barth, added, in reply to MM. Depaul and Gimelle, (who had contested the propriety of contractility in ovarian cysts, affirmed by M. Barth in his first report to the academy,) that the contractility of the walls of the cyst had been anatomically demonstrated in this, as in many other cases, and could not be seriously called in question.

M. Malgaigne remarked that he was far from convinced of the advantages of M. Barth's method. The double puncture involved one danger the more. Passing from this particular case, the professor of operative surgery rapidly reviewed the different methods of treating ovarian cysts. He discarded ovariotomy, "as preventing relapses much too effectually;" his experience of iodine injections was against this practice; altogether, he considered palliative punctures, delayed as long as possible, the most judicious line of conduct. M. Malgaigne's improvised discourse was wanting in facts and in precision, and seems to have been mainly designed to provoke a discussion of what he justly termed one of the most important and interesting surgical questions of the present day.

Professor MOREAU observed that cases of pregnancy complicated with large ovarian cysts were far less infrequent than was supposed. He considered Dr. Barth's operative method a very rational one; but before discussing its value, it was proper to decide on the propriety of operating at all on ovarian cysts. He believed that the best treatment of these tumors was to let them alone. He had seen Recamier employ electro-puncture to cure these cysts, and had said to him: You will increase secretion, and develope inflammatory accidents—and he had seen two patients succumb under this treatment. He had witnessed extirpation with the same unhappy results. Oftentimes these cysts increased in size very slowly; when they developed rapidly, and interference was inevitable, M. Moreau advised a simple puncture to the exclusion of any other treatment. He had a patient who had undergone this operation 28 times in 28 years; another, in a shorter period, had been subjected 110 times to paracentesis. In a single case, M. Moreau had known a radical cure effected by this means. Roux operated—years afterwards no tumor could be detected.

M. HUGUIER reported the case of a woman of 40 years, with a large ovarian cyst together with a fibrous tumor of the uterus. The cyst had been repeatedly punctured and injected with iodine. At the outset, two gallons of serum were evacuated; the tumor had since contracted very considerably, and admitted but a few ounces of tincture of iodine; a permanent canula was worn, through which a gill or more of pus was daily discharged.

M. CAZEAUX did not participate in the unfavorable opinions of his colleagues respecting iodine injections, having witnessed several examples of radical cure by this method. He dwelt upon the danger of ovarian cysts, and pronounced those cases the exceptions in which the patients survive for years and undergo tapping an indefinite number of times.

M. VELPEAU considered it a happy thought in M. Malgaigne to suggest a general discussion on the radical cure of ovarion cysts, the question having never obtained the examination it merited. Not that it had not been much talked of, especially some twenty years ago, when a kind of mania prevailed, in foreign parts, for extirpating these tumors, a practice which had never gained a footing in France. Latterly, iodized injections had been in vogue, and he believed we now possessed a sufficient number of facts to decide on the merits of this method of treatment.

. M. Velpeau remarked that on the present occasion he enjoyed the rare pleasure of agreeing with all his colleagues who had spoken. With M. Barth, whose procedure he should gladly adopt, if it insured a free and continuous discharge of the contents of the cyst, an important object, not readily attained by the ordinary permanent canula. With M. Moreau, he recognized that the presence of an ovarian cyst did not preclude women, in many cases, from enjoying tolerable health for ten, twenty, or even thirty years. With M. Malgaigne, he agreed that simple paracentesis might occasion fatal accidents. On this point M. Velpeau said, he had passed through two phases of opinion. Having witnessed and practiced a great number of tappings for ovarian dropsy, without the slightest unpleasant result, he had become accustomed to regard this as a trfling operation, when, in a single year, he happened to see five patients succumb at comparatively short periods after being subjected to paracentesis. He would observe, however, that every death occuring shortly after tapping was not to be laid to the account of the opeiration. A patient had entered *La Charite*, requesting that her ovarian cyst might be treated by iodized injections. M. Velpeau had endeavored to dissuade her; but she was resolute, having heard much of the efficacy of this method. M. Velpeau had then declined to interfere without the sanction of the patient's husband. The latter, being consulted, consented with all his heart, declaring that he would rather see his wife dead than afflicted with her cyst. The patient was sent for to the amphitheatre, but felt unwell, and the operation was postponed. The next day the woman died. Had the operation been performed, a false inference would have been drawn.

As to the method of iodine injections, M. Velpeau said *he* would surely not be accused of wishing to depreciate it; but that he had always been very skeptical as to its applicability to cysts of the ovary. He considered it demonstrated that these injections afforded marvelous results in diseases of serous membranes, but their efficacy was less in proportion as the surface to be modified, differed in structure from serous membrane. They succeeded tolerably well in sanguineous cysts; they were less useful when the contents of cysts were gelatinous; still less where they were purulent; lastly, in cavities with walls resembling mucous membrane in structure, adhesion was almost never obtained. He believed that there was no example of the obliteration of an ovarian cyst or of the agglutenation of its walls produced by iodine injections. The contents of these tumors, in fact, was never pure serum, and was often a thick, oily, gelatinous liquid.

After further criticising the different methods of dealing with ovarian cysts, and exposing their practical imperfections, M. Velpeau concluded by proposing to adjourn the discussion to the next meeting of the academy.

October 21st. The discussion was opened by M. Trousseau, professor of clinical medicine.

M. Trousseau: I trust I shall be excused for speaking on a question which belongs more particularly to the domain of surgery. The subject has been introduced here by a physician; and, although the ordinary treatment of ovarian cysts involves a surgical operation, it is so simple that all physicians practice it; they, therefore, may be permitted to express their views on the matter.

When M. Barth reported his interesting case, the first person to enter the arena was M. Malgaigne, the historian of lamentable results; we all know that when M. Malgaigne indulges in statistics, his figures are generally very disheartening and indicate a more fearful mortality than those of any one else; I pause, however, for fear that instead of restricting his numerical researches to surgery, he may extend them to medicine!

After him came M. Cazeaux, a very competent judge in the matter, whose statistics were less sombre than those of M. Malgaigne. According to M. Cazeaux, tapping ovarian tumors is a harmless proceeding, and iodine injections are rarely or never fatal.

M. Velpeau followed, whose arguments are decrees. We must regret that he did not express his judgment more definitely; but he will doubtless hereafter throw his sword into the balance, and we may rest assured that it will turn the scale.

For myself, I think that in the question now before us, it is proper, in the first place, to examine the natural history of the disease, and to ascertain the behavior of cysts of the ovary when let alone. I do not hesitate to say that, in the majority of cases, these tumors do not constitute a serious infirmity even. However paradoxical this assertion may appear, it is none the less true, as MM. Barth and Cruveilhier, and all those who have made autopsies in the hospitals and asylums for the aged will testify. They will tell us that, in a great number of women, ovarian cysts are found of the size of a hen's egg, an orange, or even larger, which have apparently remained stationary for many years. The small cysts, then, are out of the question; they are not to be meddled with.

On the other hand, ovarian cysts may disappear spontaneously in different modes; by spontaneous absorption, by natural evacuation, by inflammation, and by rupture into the peritoneal cavity. We will examine these modes of termination successively, and we shall find that the different remedial methods in use are imitated from those which nature employs.

I have never seen a case of spontaneous absorption, though authors have reported such. Large cysts sometimes diminish notably after the cessation of the menstrual period, a fact which has led to erroneous conclusions respecting the utility of medical treatment. Thomson was probably thus deceived, when he claimed to have cured ovarian cysts by ioduretted applications to the abdomen. We know that fibrous tumors of the uterus, sometimes disappear after the critical age, without the intervention of art.

Blasius reports numerous examples of the spontaneous evacuation of ovarian cysts into the bladder, uterus, peritoneum, intestines, as well as externally. The recoveries were few. Tilt has reported similar cases. Kiwisch has recently published a number of cases of the natural evacuation of encysted dropsies by the intestine; in several of these, the cyst refilled in the course of a few months. This mode of termination, then, is often insufficient, and sometimes dangerous.

The third natural mode of cure, by inflammation of the walls of the cyst, is very rare. I have seen one case, with MM. Jobert and Dubois. The cyst had been punctured four times, when acute peritonitis supervened; in three days, the cyst had increased to such prodigious dimensions, that we feared a rupture, and practiced repeated punctures; the alarming symptoms subsided, and in six weeks the cure was complete. In the majority of such cases, there is rupture of the cyst, followed by fatal peritonitis; Simpson cites numerous examples.

The fourth termination, by spontaneous rupture, is far more common than is supposed. I have met with three examples of it. One, in 1837; a lady stooping to lace her boot, ruptured a cyst of the ovary; she recovered from the consecutive peritonitis, and the cyst was cured. A young English lady was consigned, two years since, to M. Dubois and myself, by one of our brethren in London. We thought proper to puncture her cyst as often as it attained the size of a child's head; she underwent paracentesis three times, at intervals of six months. A month after the third tapping, she felt something give way in her abdomen, and terrible peritonitis supervened, as formidable an attack as I have ever seen, even in puerperal cases; in six days, however, she was out of danger. She went back to England, but about three months since she returned, the cyst having refilled; we sent her to the Spa at Schwalbach, and there a second rupture of the cyst occurred, from the effects of which she is now slowly recovering.—*Va. Med. Journal.*

ON THE VALUE OF QUININE AS A THERAPEUTIC AGENT.

BY MONTROSE A. PALLEN, M. D., OF ST. LOUIS.

There is a tendency in the human mind to ascribe causation to mere antecedents—to presume that certain things bear the relation of cause and effect, when the true relation is antecedence and sequence only. From this common error medical science is by no means free. Disease departs from the human system, and the cure is ascribed to the remedies employed, when the true solution lies in the efforts of Nature. This is manifest enough when we reflect on the number of patients recovering under ridiculous infinitesimal doses of the disciples of the Homœopathic practice.

This truth should always be present to the mind of the scientific physician. It inculcates on him the necessity of watching the operations of Nature, and of determining how much she is competent to cast off the elements of disease. Knowing the extent of her powers, we are prepared to assist her when she falters, and even, if necessary, to strengthen her well-directed endeavors.

There is also a tendency in the human mind to grasp with avidity any thing positive. Sciences which lead to certain results, are always pursued with energy. Hence, the charm, which the study of mathematics possesses for many persons. Hence the desire of all physicians to master the subject of auscultation and percussion in the exploration of visceral diseases. Hence the study of the microscope, and the use of the speculum. In a word, to this desire for certainty we ascribe the anxiety of the physician to listen for sounds which convey correct information, and to inspect diseased organs for ocular demonstration. So, too, in therapeutics, he seizes on a remedy which leads to known curative results; for this reason, quinine, with its well earned reputation in intermittent diseases, becomes a powerful and popular remedy for good and for evil. The physician, knowing its virtues wishes to enlarge its sphere of action —he administers it in various affections: the patient recovers, and that which is a mere sequence, becomes in his mind an effect.

We lay down these propositions as the result of our observations:

A. Quinine is an efficient remedy in intermittent diseases.

B. Many of these diseases require previous medication before it is proper to give quinine.

C. In continued diseases, whether they be fevers or inflammatory affections, quinine is of no value, except at their close, when a tonic is desirable, and then it is no better than many other vegetable bitters.

We need not insist on the value of quinine in intermittent and remittent fevers, and in intermittent neuralgia. In many such diseases nothing else is required; but it also happens, that when the large flabby and coated tongue denotes that there are elements in the system which ought to be thrown off, it is necessary that free purgation should first be resorted to: the condition of the tongue and the character of the alvine dejections affording the means of judging how far this is to be carried before quinine ought to be administered.

Quinine has its value in intermitent dysentery. In the fall season, when dysentery has both an inflammatory and a paludal element in its pathology, distinct intermissions become apparent. In this form of disease, the liver is much involved, and the indications are to restore the normal healthy actions of this organ, to subdue the colitis and to break up the exacerbations. Quinine alone is not apt to succeed—calomel and opium are slow of success; but a combination of each is attended with the happiest results. We do not mean that it is always proper to give them combined; it is better, first, to relieve the inflammatory element with calomel and opium, and then to give the quinine alone, or with opium if the latter be required to restrain the irritability of the bowels, Quinine has its value in intermittent pneumonia, an affection by no means of rare occcurrence in this locality, and to be distinguished from ordinary pneumonia by the following characteristics: The rigor which ushers it in is more violent and longer continued, and is followed by intense heat, which, in a few hours, is succeeded by abundant perspiration. During this period there is great headache and sometimes intense lumbar pain; the pulse is rapid and soft, and not full and strong as in ordinary pneumonia.

Dr. Constant, practicing in the paludal districts of the department of Lot, in France, says of this disease, that "there is never any purulent expectoration, these pneumonias never passing beyond the second stage, *i. e.*, red hepatization, the pulmonary engorgement being rather a sanguineous congestion than inflammation. Auscultation and percussion being of the highest value, often revealing the disease when unsuspected, a distinctive feature is the rapid passage from the first to the second stage of the disease, so that eight or ten hours after auscultation had revealed only a circumscribed *rale*, a whole side will be found hepatized. Under the influence of large doses of quinia this rapidly disappears, giving way to returning subcrepitant *rale* during the remission of the fever, but returning again during the paroxysm, if this have not been cut short. The crepitant *rale* of the first stage is almost always moist, the *parchment-cracking rale* only having been heard for a short period, two or three times in more than sixty cases. It invades large surfaces rapidly, being heard posteriorly, sometimes laterally, but never in front. This form of pneumonia especially affects the posterior parts of the lower lobes. It especially appears in summer and autumn, while ordinary pneumonia prevails in spring and winter. It attacks all ages indiscriminately, except early infancy. The blood which flows from a vein is often below the normal temperature, very black and deficient in plasticity. After rest, its surface acquires a bluish color, especially if the patient is taking quinia. The clot is slow of formation and soft. The buffy coat is absent or very thin, and inclines to a bluish color. The condition of the blood, conjoined with the soft pulse and red hepatization, constitutes the chief distinctive signs of the affection.

"In this district, during winter, pure inflammatory pneumonia is met with; but in proportion to the high temperature and the production of malarial emanations, this inflammatory element is replaced by the paludal one. There are, indeed, three forms met with. 1st. Simple pneumonia. 2d. Spring inflammatory pneumonia, complicated with intermittent paroxysm. 3d. Summer and autumn intermittent pneumonia. The first requires bleeding and antimony; the second, antiphlogistic treatment wiih quinia, given either simultaneously or subsequently; and the third, quinia in combination with external revulsives. These forms may still undergo further admixture, according as the inflammatory or paludal element prevails, requiring appropriate modification in the treatment."

In dysenteries of a continued type, that is, when they are merely inflammations, quinine is useless. In pure inflammatory pneumonia, no man in his senses ought to prescribe it. If, then, quinine be valuable in these affections when they are of an intermittant type, that is to say, when they have a paludal element mixed with them, and it be pernicious when they are purely inflammatory and continuous, would not analogy teach us that the same result would follow in fevers? Paludal fevers are remittent and intermittent. Is such the case with typhus and typhoid fevers? We must not confound, as a slight abatement of the frequency of the pulse, a distinct remission. This is observed in many affections after the repose and quietude of night. If, however, we exclude the argument by analogy, experience will teach us. We have seen many cases of typhus and typhoid in our hospitals, in which the quinine treatment has been totally discarded, the rates of mortality decreasing in a greater proportion than they increased under its treatment. According to Dr. E. S. Smith, of this city, who has had ample opportunities to investigate these forms of fever both at home and abroad, the results of his experience are, that in the pure forms of typhus and typhoid, there being no paludal element, the administration of quinine is never attended with beneficial results. Typhoid fever, whose characteristic lesion is ulceration of the bowels, seems to us, from statistics carefully gathered, to be made worse by quinine, as the diarrhœa was universally made worse, the head symptoms increased, and the patient more prostrated after the administration than before. In this connection we will quote the words of Dr. Barclay, in the London *Medical Gazette & Times*, January, 1853. After giving the reports of the cases treated by him at St. George's Hospital, some with quinine, and some without quinine, he says:

"I must here distinctly state, that when I commenced this report I had no idea what the result would be, and, so far from believing it unfavorable, had hoped, that, excluding some unfortunate cases, the treatment of fever with quinine would prove rather more speedy, safe, and effectual, than by ordinary modes. I am sorry to be convinced that it has no advantages. It may be well to state in conclusion, that the prevalent type of fever has been what would be called 'typhoid,' not true 'typhus;' one or two had the aspect of congestive typhus, but wanted the purple-motted rash."

St. Louis Medical and Surgical Journal.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, MAY, 1857.

AMERICANS ABROAD.—It is surprising to notice with what facility native Americans can avail themselves of opportunities for business which present themselves in foreign countries. All through Europe and the East are to be found engaged in the most lucrative avocations, natives of the United States. And while our own people are very much inclined to give the preference in matters of Science to foreigners, we often find in the cities of Europe, real Yankees acquiring fame and fortune by the practice of the learned professions, and in the arts. Our mind is drawn to this subject by finding on our table two numbers of "L'ART DENTAIRE," "*Edited and Published by* M. M. FOWLER ET PRETERRE" *American Dentists in Paris.* It is a large octavo of 32 pages, published monthly.

The first number contains an account of an operation by which the whole lower jaw was removed for a fibrous tumor in its substance and its loss supplied by an artificial jaw. The case is accurately detailed, and illustrated by numerous wood cuts We hope to receive it regularly.

ARE MERCURIALS ANTI-SYPHILITICS ? is the title of an essay of 30 pages, by CHARLES H. CLEAVELAND, M. D., Professor in the Eclectic College of Medicine at Cincinnati.

As might have been expected he has made a compilation of all he could find written against the use of Mercury in Syphilis, and as no remedy under heaven has been so much abused as this, it was easy to find a great deal written by those who have made efforts to stay the blind and murderous use of the remedy, which formerly prevailed.

The physician who would administer Mercury to a patient merely because he has Syphilis, is as senseless as he who witholds it in this or any other disease because he has a prejudice against it.

The whole treatment of Syphilis, is, not to give this or that remedy, but to keep the system from falling into that state of cachexia. to which it is so liable when subject to the influence of the Syphilitic poison.

And as a continued use of Mercury has a direct tendency to produce this depraved condition, its indiscriminate use cannot fail to prove injurious in most cases. So far as Dr. Cleaveland's essay goes to show what are good substitutes for Mercury in Syphilis, it is very valuable.

THE PHYSICIAN'S POCKET DOSE AND SYMPTOM BOOK. BY JOSEPH H. WYTHES A. M., M. D., &c. *Second Edition published by Lindsay & Blakiston, Philadelphia, pp.* 230, 16 mo.

While we must regret the necessity of books of this character, and feel that the sale of a first edition in so short a time is by no means complimentary to the profession, yet we must say that a young student or practitioner will find this book very convenient for reference for facts in Materia Medica and Therapeutics. And it is to this very convenience that we would object, as its direct tendency must be to habits of indolence, and to lead young men to rest satisfied with a superficial knowledge of these things.

The subjects treated of are :—

Table of Weights and Measures; Rules to Proportion the Doses of Medicines; Common Abbreviations used in writing Prescriptions; Table of Poisons and Antidotes; Dietetic Preparations; Table of Symptomatology; Outlines of General Pathology and Therapeutics. In addition to "the doses and uses of all the principal articles of the Materia Medica and chief officinal preparations."

All this is diluted in the most scientific manner, and brought to the capacity of the least informed of the profession. It would be an excellent book for the Graduates of the New England Female Medical College.

"THE AIMS, DUTIES, RESPONSIBILITIES AND ELEMENTS OF SUCCESS, IN MEDICAL PRACTICE," is the subject of an address delivered at the thirty-fourth commencement of the Berkshire Medical College, by REV. S. S. N. GREELEY of Great Barrington, Mass.

Dr. G is one of the very few clergymen who have the proper mental and moral qualifications to give an interesting address on medical subjects. We have only room to copy the following:—

"Medical practice "of the old school," as it is sometimes termed, certainly in its philosophical principles is too old and too well established to be ever superseded or overthrown. It is not the sudden fabrication of ignorance, but the results of the labors and studies of the most thorough scholars, and of experiments, observation and deductions of ages. And yet, can it be demonstrated that no accessions, and valuable accessions to its pharmacy and its practice can be made by the discoveries of the less scientific "Botanist?"—Look at the disciple of Dr. Thompson. Is there *no* virtue in hot water? no power and energy in steam? Gentlemen this is an *age* of steam! It should not be entrusted to the hands of the ignorant, we admit; but who will assail it in terms of indiscriminate and unmeasured condemnation?

Then there is Hydropathy, reaching its pail of cold water and crash towel over here from Germany. Is there matter for ridicule here? It is the water of life to *many a sloven!*

And then there is Homœopathy (for we have spoken of that,) and will you consign *it* to the shades, or brand it as at most an absurdity? Is it not safe, however? And where it does not cure, does it injure or kill the patient? But, it is said, it deals in such minutiæ of good things—such medical trancendentalism, that it is impossible there should be any virtue in the system. On a calm philosophical view, is this so, however? Is it destitute of sound philosophy?—Here for instance is the gouty epicure, gluttonous and bloated. Day by day he has accumulated the "adipose," till the channels of life are clogged, and nature labors and "wheezeth heavily." He must have help, or die. What says reason in the case? Can there be anything more strictly rational, more soundly philosophical than to bid that man diet on the *shadow* of a broiled chicken?

But, not to dwell upon these matters, we come upon the one point of inquiry, whether there is not among learned men at the present day, a disinclination to look at whatsoever starts forth from obscure sources, or militates against their favorite notions? Is there not a danger of setting down as unworthy of credence or notice, many things which might be adopted with the utmost honor and decided profit, if prejudice or attachment to received system would allow a man to examine candidly, and accept and adopt independently, whatsoever sustained examination?

Candor, magnanimity, *demand* that all which is of real utility—all which is valuable, whether blundered into by the mere accident of folly, or searched into, and searched out by the toils of the scientific, should be received honestly, and appropriated gladly. Truth should be received, whether it come from the professor's chair, or from the digger of roots in the depths of the forest. If he has got a truth, *take* it!"

"HOMŒOPATHY; ITS TESTIMONY AGAINST ITSELF," is the title of a pamphlet of 28 pages reprinted from the Boston Medical and Surgical Journal.

It is a compilation of extracts and notices which show conclusively enough the fallacy of this stupendous humbug; but we consider it all unnecessary, for it is useless attempting to enlighten people who believe in Homœopathy after all which has been shown of its falsehood.

It is perfectly evident to a cool and unprejudiced observer that all Homœopathic practitioners are comprised in two great classes; the Knaves and the Fools. The former professing to be Homœopathists, while they treat their patients with the most active drugs of the Materia Medica. The latter treating their patients with infinitesimal doses, paying no attention to and having no knowledge of either Pathology or Diagnosis. We have had very considerable experience with these imposters, and have yet to see the first case which did not show this to be a true view of the case. Sometimes we find a sort of hybrid between the two.

THE SCALPEL, edited by ED. H. DIXON, M. D., has returned to its original octavo form and can be obtained as heretofore for one dollar a year or 25 cents each number.

Subscriptions to be sent to *Sherman & Co., No.* 1 *Veasey street, Astor House, New York City.*

THE STATE ALMS HOUSE OF MASSACHUSETTS AT TEWKSBURY is a great receptacle for foreign paupers. The average number of inmates for the past year, as we learn by the third annual report, has been 831. Dr. Jonathan Brown is the physician, assisted by Dr. J. S. Hill. From Dr. Brown's report we learn that the total number of cases of sickness has been 1675. "The average number on the sick list has been 166. The largest number at any one time

216; the smallest number 135; the average number of men 51; of women, 52; children, 63."

"The number of births has been eighty, twenty five less than the previous year; all of the seventy seven mothers recovered in due time. The number of deaths has been 193, eighty seven less than last year."

It is interesting to note the relative frequency of different diseases among this community of paupers. We find there were more cases of disease of the eye than any other, numbering 278. Next comes debility, 160; then scabies, 104. Of the causes of death, consumption ranks highest, being 35; infantile debility 34; marasmus 17; scrofula 12; senile debility 10; showing conclusively that their diseases and deaths are mostly brought on by want of the ordinary comforts of life.

The number of cases of acute diseases were comparatively few, and the deaths from acute diseases very few. We judge from this report that the praise bestowed on the physicians by the superintendent is well deserved.

Crosby on Abscess.—Our last and present numbers contain the two first chapters of a Monograph on Abscess, by A. B. Crosby, M. D., which will be continued in successive numbers. He will avail himself of the vast experience of his father, Prof. Dixi Crosby, and when completed it will doubtless be the most complete essay on the subject in our language.

The Strafford District Medical Society, held its 49th annual meeting at "Physicians Hall," in Dover, on the 21st of January, and from the report of the proceedings, published in the Dover papers, we judge they had a good time. A correspondent says:

"We had truly a 'feast of fat things, full of marrow.' It was an occasion long to be remembered; and none was ever more successful, for the furtherance of the objects contemplated by the society. It was harmonious, pleasant and profitable, furnishing the opportunity for kindly greeting, interchange of thought, friendly chat, social cheer and profitable discourse. In short every thing connected with the time and the occasion passed off in the most lively and agreeable manner. We doubt not it will be an oasis, standing out conspicuously to greet the retrospective glance of every member who had the good fortune to be present. The following board of officers was elected for the ensuing year:

Dr. A. MOULTON, of Ossipee, President; T. J. W. PRAY, D. T. PARKER, C. H. SHACKFORD, Councillors; A. G. FENNER, Secretary; A. BICKFORD, Treasurer; J. H. PAUL, Librarian; A. HAM, Auditor; A. G. FENNER, D. T. PARKER, Orators; J. HORN, J. H. PAUL, C. PALMER, J. S. FERNALD, Delegates to the American Med. Asso'n.

The President, Dr. Stackpole, delivered the annual address, an interesting production, which, in respect to his term of office, is his valedictory. He said in his commencement that he should take advantage of his official position, not to select any special medical theme, but should address them somewhat discursively upon various topics suggested by the occasion. He spoke of the sunny memories of the past; of the present and the future prospects; of the characteristics and habitudes of man in general, tracing him backward to his primeval formation in the garden of Eden; and forward through the various, tortuous course of centuries, up to the present time. This strain of his remarks brought forcibly to our minds this language of the immortal poet:—

> 'How poor, how rich, how abject, how august,
> How complicate, how wonderful is man!'"

We are sorry our room will not allow us to transfer to our pages the whole of Dr. Stackpole's excellent address, as well as that of Dr. J. Horn on Phthisis.

Dr. Martin exhibited some of the absurdities of Homœopathy in his peculiarly happy manner.

EDITORIAL NOTICE.—The Editor having been appointed to report on Surgery to the N. H. Medical Society, at its next meeting, requests all readers of this Journal who have any cases of interest to forward them to him, to be embodied in his report.

CONTENTS.

Original and Selected. PAGE.

On Abscess. By A. B. CROSBY, M. D.,........................ 129
The Convexity of the Iris, and the Non-Existence of a Posterior Chamber of the Eye. By Dr CHARLES ROUGET. (*Translated.*). 136
Foreign Correspondence. *Letter from Paris.* J. B. GREELEY, M.D. 138
Case of Acute Pleuritis, with Effusion and Sudden Death,........ 143
On the Treatment of Ovarian Cysts,........................... 145
On the Value of Quinine as a Therapeutic Agent............... 150
Editorial, &c. 154

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(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 135.)

CHAPTER III.

Abscess of the Scalp.

Abscess of the Scalp is not very infrequent in its occurence.

It may develope itself in the areolar tissue about the cranium, or beneath the apponeurosis of the occipito-frontalis muscle. The coverings here are usually possessed of little sensibility, but when inflamed they become exquisitely painful—the pain is usually due to the resistance which pus meets with from the bone, upon one side, and the firm cranial coverings on the other.

Causes.—Abscess of the Scalp is generally caused by injuries, received by way of blows or falls. Phlegmonous Erysipelas is a fruitful source of abscess in this locality, and is important from its severity, and the indications which it furnishes for treatment.

The action of a blow or fall may be such as to cause an effusion of blood and produce a thrombus upon the Scalp. This accident is very liable to happen to heedless children, and it sometimes occurs upon the heads of infants during parturition, from great pressure, or a careless application of forceps.

The thrombus of new born infants may gradually disappear by absorption, or in common with the other variety mentioned it may go on to the formation of a low sluggish abscess. The contents of such an abscess are commonly putrid and the constitutional symptoms are frequently serious in their character. Metastatic abscess is also not uncommon on the scalp.

Symptoms.—An acute abscess of the Scalp is characterised by the ordinary signs of inflammation. The pain is commonly severe, and increases in intensity until, and even after the formation of pus.—It is the pain of tension, and is much more severe when occuring beneath the aponeurosis covering the top of the head.

There is a good deal of heat not only over the inflamed surface, but generally about the head. The swelling is decided and redness well marked. Unless the affection is extensive, the constitutional symptoms will not be very severe.

In abscess resulting from erysipelas, however, the general signs are decided in character. There is a furred tongue, a quick and feeble pulse, debility, delirium and other signs equally serious.

Chronic abscess of the Scalp is more likely to occur after some form of thrombus. It presents symptoms intermediate in severity between acute and chronic abscesses in general. The pus is rarely laudable, usually sanious, and almost putrid. The patient if improperly treated, is liable to drop down into a low condition. In both instances the formation of pus is heralded by chills more or less severe. Fluctuation can be distinguished, and the pain of tension is not now quite so severe or is wholly gone.

Treatment.—The indications for treatment are general and local. The general indications for treatment will of course depend upon the character of the inflamation. If the action is sthenic the treatment of course will be antiphlagistic, general or local bleeding purgatives anodynes &c., will all be proper as they are required.—In such a case the treatment should be conducted on general principles. On the contrary, if the inflamation is phlegmonous in its character, we have to do with a disease of debility. In such an exigency the supporting plan of treatment should be adopted.—Quinine should be resorted to early, combined, if necessary with some diffusible stimulant like brandy or wine. Such a prescription as the following would answer a good purpose.—

℞	Pulv. Quin. Sulph.	gr xvi
	Acid. Aromat. Sulph.	m xv
	Spts. Vin. Gall.	ʒ iv
	M	

Take ʒvi every three hours.

The quantity of course may be diminshed or increased to meet the indications. Another most excellent preparation for the same purpose, is the Tinct. Fer. Chlorid which may be given in twenty or thirty drop doses every few hours. The local treatment is equally conditional. The earlier stages of the acute form will bear the usual means to promote resolution, local depletion, cold &c., may thus be resorted to with advantage. If however it is impossible to accomplish this, every means may be employed to promote suppuration.—Poultices, as before advised and warm fomentations should be used for this purpose. In the early stages of phlegmonous inflammation it is well to attempt to prevent the formation of pus. The application of Tinct. Iodine, or a solution of Arg. Nit. over the affected surface may accomplish this. Warm moist applications may be used, but cold should be entirely proscribed. Failing to effect this as in the former case suppuration is to be aided. The thrombus of infants should never, as is sometimes done, be punctured.

Cases of fatal hemorrhage have occurred in consequence, and there are other means less dangerous and more effective. Usually all that is required is an evaporating lotion, and sometimes an equally graduated pressure. There is a common domestic remedy which can hardly be improved. Old ladies in the country scorch some tow, wet it in rum, and apply to the thrombus. When severe contusions occur, and blood is effused, there are usually some considerable sized vessels wounded. Consequently no puncture should be made at once, since the resistance of the surrounding parts is essential to the speedy formation of a clot. The areolar tissue being somewhat broken down and a clot having formed, the hair may be shaved from the part, and an incision made sufficiently large to permit the clot to escape. In severe contusions of the scalp, erysipelas is liable to occur, and abscess follow.

After contusion of the scalp, an attempt may be made to restore the parts without making an opening, or without the formation of pus. This very frequently may be attained by using an antiseptic and stimulating poultice. A poultice of this kind can readily be prepared by taking one part of slippery elm, two parts of powdered crackers, and adding the Tinct. Cinchon. Comp. or Tinct. Kino, or some similar substance. If in any of these examples, pus has formed, it should be evacuated. It is a rule very generally accepted that the opening into an abscess should be sufficiently free to insure the escape of the contained pus, but no larger. Abscess of the scalp however, is an exception and should be laid open freely in its whole length. It is usually well to stuff the cavity with lint and gradually withdraw it after a few days. It is in general better to make the incision in the direction of the fibres of the occipito-frontalis.—No especial care need be taken in making incisions into the scalp, except near the posterior superior angle of the parietal bone. Through the parietal foramen a vein passes to the superior longitudinal sinus, and wounds here are sometimes followed by troublesome hemorrhage, which in young children may even prove fatal. The subsequent treatment should be conducted on general principles.

CASE I.

Some years since, I assisted my father in removing a testicle.—The patient was a man of 35, and the affection encephaloid complicated with abscess of the testicle. The cord was likewise much involved in the disease, and considerable traction was rendered necessary in order to divide it above the seat of disease. There had been obscure fluctuation, and a well marked tumor, running from the testicle on to the cord.

As soon as an incision was made a considerable amount of pus escaped and the removal was effected in the usual way. A water dressing was applied, and the wound healed kindly, although the discharge of pus was very free, and continued longer than usual.

This patient was left in the charge of his attending physician.—A few weeks after this he presented himself again, with a tumor on the top of his head, and a disagreeable expression on his countenance. The scrotum had entirely healed, but a pain came upon the scalp, more severe than anything he had yet suffered. There was pain, heat, redness and swelling. There was a furred tongue, and irregular bowels.

There was a full and frequent pulse, and a bad taste in his mouth, His physician had advised him to apply a strong towel over the top of the head, and tie it firmly beneath the chin. I have reason to believe that this method of treatment was the indirect cause of a good deal of profanity. Pressure did not relieve him; on the contrary it swelled more and ached harder. When the patient presented himself for examination, he complained of a severe pain, of tension, and extreme tenderness of the tumor.

He had slept none for several nights, and was exhausted both by pain and want of sleep. Fluctuation could be readily detected.—The hair being removed from the part, a free incision was made through the tumor, with a straight sharp pointed bistoury.

Several ounces of laudable pus readily flowed through the opening. A tent was introduced and the patient went to bed. The relief was so great that he immediately fell asleep, and slept profoundly for many hours.

The cavity healed from the bottom, and there was no further trouble. This was unquestionably an abscess of the scalp by metastasis.

CASE II.

A case of abscess of the scalp came under my notice at the U. S. M. Hospital, Chelsea Mass., of which Institution I was for some time the assistant surgeon. This case was under the charge of Dr. Chas. A. Davis, the gentlemanly and efficient surgeon of the hospital. A sea captain from Maine, 40 years of age, had made a voyage round the world, and returned to Boston with some five thousand dollars in his possession. He invested two thousand in a house for a sister residing in Maine, and having purchased the out-fit of a gentleman, he started, to use his own expression "to see a little of the world." A course of reckless dissipation soon deprived him of the greater part of his money, and left him in a debauched and enfeebled condition. In a fit of intoxication he attempted to accomplish the feat of turning a short corner, at a fast gait, on two wheels. The wagon apparently was more ambitious than he was himself, for it attempted the thing on one wheel. The consequence was that the sea going gentleman had the pleasure of ploughing his head and face for some distance into a hard shell road.

The road proved the hardest, and the top of his head and face were extensively scraped. A two days sojourn in a boarding house, together with more rum, ensured the result. He was brought in with an erysipelatous inflammation of the head and face. From his previous condition there was great prostration and the type of the inflammation corresponded. The pulse was quick and feeble, the redness was extreme, and the swelling so great that the head had the appearance of being much enlarged, and the eyes were entirely closed. There was delirum, and great restlessness. The tongue was furred, and the bowels constipated. A mild mercurial cathartic was administered, and the patient put at once upon brandy, quinine, beef tea &c. Locally an evaporating lotion like the following was applied.—

℞	Ammon. Mur.	℥ss
	Acid. Acet.	℥i
	Spts. Vin. Rectif.	℥viii
	Aq. Distil.	℥iii
	M	

Under this treatment the swelling of the face began to subside, and desquamation of the skin ensued, The delirum abated and the pulse acquired more tone. The swelling on the scalp, however, increased. The pain of tension was very great, and the patient was sleepless. Warm fomentations were applied and in a day or two, fluctuation could be distinguished. An opening was made half an inch in length, and two or three ounces of laudable pus escaped, attended with great relief. Two days afterwards the edges of the wound had united, and the cavity of the abscess was again distended with pus. The wound was re-opened with a probe, and pus again escaped freely. Under the supposition that it would now heal, it was left with a simple dressing. The same accident occured again, however, and it was the cause of a good deal of pain to the patient. The abscess was now laid open freely its entire length, with a bistoury, and stuffed with lint.

This was gradually withdrawn, and the cavity of the abscess was soon obliterated by healthy granulation, and the patient started again "to see a little of the 'world.'" This case furnishes a fine illustration of the necesity of free incision in abscess of the scalp.

CASE III.

A case of chronic abscess of the scalp came under my notice in the same institution as the preceeding. A young man 25 years of age, on a voyage from Calcutta to Boston, was seized with a pain on the top of his head. It was not very severe at first, but there was some swelling, and slight constitutional disturbance. The swelling gradually increased, and the pain became more severe. It was not interfered with until pus had formed, and the abscess showed indications of pointing. A sailor then pricked through the thinest portion with the point of a knife, and enough pus escaped to give relief.—

This operation was repeated a good many times. At the time of admission into the hospital the discharge had been established two months. The patient gave it as his opinion that "it was a cyst and would have to be dissected out." This sage opinion was the result of the patient's having studied medicine three months before going to sea. Much to the patients disgust the idea of a cyst was abandoned. A catlin was forced through the tumor, so as to transfix it at its base, and the intervening scalp was slit outwards. It was then stuffed with lint and an healthy inflammation excited, which soon dissipated "the cyst," and taught the medical tar that "a little learning is a dangerous thing."

(To be continued.)

ENGLISH IMPUDENCE AND AMERICAN SERVILITY.

"Any hesitation which we may have felt in the selection of a subject for an editorial article for this number, is thoroughly removed by the kindness of a friend, who has pointed out to us the following passage from an essay on the "Effects of Climate on Tuberculous Disease;" by Edwin Lee, M. R. C. S., London, being the Dissertation to which the Fiske Prize Fund was awarded, June 6, 1855. Published by request of the Rhode Island State Medical Society.—The passage appended seems to us particularly worthy of comment, in whatever point of view we may regard it :—

'A minute examination of physical signs supplied by an abnormal state of the respiratary function, would, in many instances, lead to the discovery of tubercles in the lungs before their presence was indicated by clearly marked symptoms; but the majority of practitioners are scarcely capable of making such an examination as would frequently suffice to detect pulmonary disease in its earliest stage, especially in England, *and probably also in America, where exploration of the state of the organs contained in the thoratic cavity, by means of auscultation and percussion, forms no part of the education of medical students.*'

(Italics our own).

The circumstances under which this remarkable assertion comes to us are these : . The Rhode Island Medical Society has charge of a prize fund, named after its honored founder, the Fiske Prize Fund. It offered a prize of one hundred dollars for the best essay on the effects of climate on tuberculous disease, and awards the prize in usual form to Mr. Edwin Lee, F. R. C. S., London. Mr. Lee of course wrote for this prize, with the expectation that a committee of Americans would adjudge upon the merits of his composition. Now if it were true that physical exploration is unknown among the medical profession of this country, and 'forms no part of the education of medical students' here, it strikes us that it was a very injudicious and impudent thing to say so. Assuming that his premises were correct, it was the duty of this gentleman, in the prosecution of his subject, to inform us so far as in him lay, to enlighten our ignorance by describing to us the shape of the old fashioned stethoscope—he himself had never heard of Cammann's instrument—and give us a few brief instructions on how to use it. Then he should have gone on to explain percussion to us, illustrating it by the familiar half-empty beer-barrel which has so long served as the comparison for this purpose.

We should then have been able to have recognized in the essayist a man whose mission it is to teach; who, himself erudite, showers down the blessing of his scholarship on benighted America. As it is, he simply says, 'you do not know enough to appreciate me, and I can only inform you of your ignorance.'

So far we have given Mr. Lee the most comfortable horn of the dilemma. Now to examine the truth of his assertions. He says in the first place, that the generality of practitioners in England are incompetent to recognize the early signs of tubercle. We presume he knows, at any rate we are not inclined to dispute him, and think it altogether probable.

But again he tells us that the same is true of American practitioners—that they, too, are incompent to physical exploration.—We can form no opinion as to whence Mr. Lee obtained his information on this point. We are not aware that he has ever traveled in America, and met 'the generality of American practitioners' at the bedside to ascertain the facts. But we do know that the generality of American practitioners have a fair knowledge of physical exploration, and we could point out to him very many country practitioners whose diagnosis is accurate and reliable in diseases of the chest. This statement may or may not cover the majority of physicians in town and country—there are differences here as in everything else—but it should be borne in mind that physical exploration is a new science; and, for ourselves, it is to us a matter of wonder that it should so rapidly have become so widely known among the profession. Moreover, if Mr. Lee has studied the literature of the subject, he should be aware that America has produced some of the earliest and best works on physical exploration.—There is such a singular combination of impudence in his bold assertion, that we hardly know whether to be amused or indignant.

On mature reflection, we have concluded to laugh at him, and reserve our indignation for those meekest of the meek, the committee which awarded this prize.

But before turning to them we wish to refer to another aspect of this assertion. It has been the fashion with writers to say much about the difficulties of physical explorations; and its intricacy has been magnified until many are deterred from its prosecution, or led to an undue want of reliance on their own judgment. We know of but one exception to this remark, and that is Prof. Flint; who, in his admirable work has the honesty and courage to say that the practice of the art is not so difficult as to defeat the diligence of any student with a tolerable ear, who will read the standard authors on the subject and practice as much as possible under their direction.

But so long as we throw a veil of mystery around it, so long as we hold out the idea that only a favored few are competent to its practice, we shall retard the progress of science and the diffusion of its blessings. We do not mean to imply that a *high* degree of perfection can be easily attained. In this as in all other departments, he who best improves his opportunities will be the best man; but we mean that physical diagnosis shall be an open science, and not the property of a few expert specialists. Mr. Lee's essay is full of the idea which we would controvert, and, though it is the least of his sin's, we cannot pass it without using it as a text to express our own belief on the practical value of physical exploration to the every day practitioner.

We close that share of our article which we propose to devote to Mr. Lee, by referring to his statement that 'auscultation and percussion form no part of the education of medical students' in this country. He makes this assertion as if he knows what he was saying—makes it with that positive, dogmatic John Bull-ism that admits of no contradiction. From whence, in the name of nonsense, did he derive his information? We are tempted to send him an announcement of the Medical Department of the University of Buffalo, wherein he may read that that branch of the Medical art is carefully and systematically taught at the bedside, that it is not taught orally, by lectures only, but by an accomplished Clinical Instructor, whose duty it is to attend to this laborious department, and who does so most successfully.

It may be that in some of the crowded institutions of our eastern cities it is impossible for the school to provide means of practical instruction, in its own faculty, for so many pupils; and that they are then, as in London, obliged to employ private instructors in order to secure sufficient training. This is undoubtedly the case, but it does not impair the fact that the means for clinical instruction are there, and the payment of a fee will secure them. This is a pecuniary, but not a positive disadvantage to the student; but it exists as much in London as in New York or Philadelphia. That it does not exist in Buffalo is an incident of a large faculty, abundant clinical means, and moderate classes.

But taken in its intended meaning the assertion of Mr. Lee is evidently a falsehood through gross ignorance, and with that censure we may dismiss it to turn our attention to the Rhode Island Medical Society.

When the committee awarded this prize, they knew that the author was English, but that of course, under their rules, should have made no difference. But they should not have awarded a prize to an essay containing gross mistatements; libelous of the profession, of America, and American Medical schools. If they did not know the blundering ignorance of these allegations, they should have known it, and should not have given them the sanction of a State society. We can imagine that a little vanity had something to do with this, and that the committee were flattered in an English competition for the prize. If so this is only another instance of that lamentable toadyism which leads us eagerly to accept all Transatlantic theories for the unadulterated truth, and confide in them with a childish truthfullness. It is time we had done with this. We can never hope for a strong, vigorous American literature, so long as the American writer knows that, no matter how brilliant his discoveries, how accurate his analysis, or how philosophical his reasoning, he will be set down as necessarily inferior to foreign writers. The assumption is always that the European writer is the soundest. Druitt, a medical student compiles his surgical notes, and, having the means, publishes them. His book is republished on this side, and bears the weight of a high authority; while in reality, at the time he wrote it, he had never amputated a limb, or excised a tumor, and since then has failed to attain surgical distinction. Such instances are numerous, and we shall never see the last of them until American authors are met by the profession as *prima facie*, as good as foreigners. And we are sorry and ashamed that a State Society, even in the diminutive State of Rhode Island, should have fallen into this national sin and blunder."—*Buffalo Med. Journal.*

TREATMENT OF NEURALGIA BY THE VALERIANATE OF AMMONIA.

BY DR. DECLAT.

We have prepared an abstract of an interesting translation from the Revue Med. and Estrangue, which may be found in a late number of the Medical Examiner, as it brings to our notice a new remedy, which may be of value in the treatment of a class of diseases increasing in frequency and oftentimes obstinate in their persistency. According to Br. Declat, such cases will yield to the influence of valerianate of ammonia; and as a proof of his statement, he gives the following cases:—

Case I. The Marchioness of Fontanelle suffered with facial neuralgia for six years, first appearing as she was cutting a wisdom tooth. Legrand and Jobart (de Lambelle) ordered its extraction, which was done, causing agonising pain. The neuralgia still continued in spite of every effort of such advisers as Sedillot, Velpeau and Jobart. Quinine, opium, belladonna, strychnia, iron, gold and quinquinia were employed, and external applications, such as blisters, opium plasters, dulcamara, choloform, collodin, aconite, &c.—Everything failed. Jobart applied the actual cautery along the course of the inferior maxillary nerve, and after applying the waters of Plombierre with partial though temporary relief, the Marchioness applies to Dr. Declat.

The first remedy used was Fowler's solution, which was pushed until it produced constitutional symptoms, without success. The patient had become almost insane from the agony, when an experiment was made with valerianate of ammonia, on the 3rd of January. A teaspoonful that night relieved partially, and two teaspoonfuls the next day, entirely banished the pain. The medicine was discontinued May 6th. Occasionally, however, Mad. Ferrand, has 'slight twinges,' but resorts to the specific, and always successfully. This lady seems to have a hereditary right to neuralgia, her mother having been a great victim to the disease, whilst her brother the Earl of Essex, has had ticdoloreux from his youth.

Case II. M. Letellier, who had suffered horribly with pain in the head, extending to the neck, and lossing itself on the branches of the facial nerve, was at Plombierre's when taken, and returned to Paris in great agony. Dr. Louis tried blisters, sage, quinine and morphia without any effect. He used morphia to such excess as to remain in stupor almost constantly. Dr. Declat administered the valarianate of ammonia in drachm doses, twice a day. In five days he was up, and in nine days all pain had passed away. He has since stated that his cure was complete.—*Phila. Med. & Sur. Jour.*

TREATMENT OF NEURALGIA BY THE VALERIANATE OF AMMONIA.—In our number for Nov. 6th, we noticed a remarkable case of Neuralgia cured by the use of *valerianate of ammonia* in doses of a teaspoonful. This preparation, which is of recent introduction in pharmacy, even in Paris, was entirely unknown to us, when we read the account of its effects in the *Union Medicale*, and we were ignorant that, if given in the above dose, the preparation is an active poison. Shortly after Dr. Declat's paper was published, M. Labourer, an apothecary in Paris, received a prescription for an ounce of this substance, to be taken in the dose of a tea-spoonful twice daily. Alarmed at the dose, as well as the form in which the medicine was to be taken, before putting it up he consulted the physician who wrote the prescription. The physician, who had no acquaintance with the properties of the valerianate of ammonia, had prescribed it in a case of neuralgia which resisted all the usual remedies, in the faith of Dr. Declat's reccommendation, supposing it to be a liquid preparation, like the acetate of ammonia. It was arranged that half a drachm of the salt should be dissolved in an ounce of distilled water, and the solution be administered in doses of a tea-spoonful, under which the patient experienced great relief, the dose having been afterwards increased to a dessert spoonful. M. Labourer states that the preparation of the valerianate of ammonia is a long and difficult process, concerning which he intends to give the results of some investigations made by himself and M. Fontains—results which cannot fail to be interesting, since they relate to a new remedy which appears to promise so much. In the mean time, as it may be difficult to obtain this salt here, we reccommend, (on the suggestion of Mr. Metcalf, of Tremont-st.), that those gentlemen who are desirous of trying it in cases of Neuralgia, should employ the *ammoniated tincturc of valerian*, a preparation nearly identical in its essential elements, and which has been given with success in this disease. The dose is half a fluid drachm.—*Boston Med. Journal.*

THE VALERINATE OF AMMONIA IN TAE TREATMENT OF NEURALGIA.—The statements respecting the power of this new agent in the treatmeat of neuralgia has excited considerable interest among medical men in this city. Its value is being very freely tested by our most intelligent and judicious physicians, and we expect to be able to report their experience at an early day. To a limited extent we may say this experience already confirms the happy results reported by Declat in the French journals. We stated last month in a note from Dr. Bruhl, that the valerianate of ammonia was being prepared by Mr. Finnel, Druggist, corner Third and Broadway, in this city. Mr. W. J. M. Gordon is also preparing it, and we presume all our best druggists will have it on hand if the experiments now making, prove at all satisfactory. We may be pardoned for repeating the formula for its use. The valerianate, of course, is a salt, and it is administered in aqueous solution, in the proportions of half a drachm to the ounce of solution; dose, a tea-spoonful three times a day. We suggest, however, as valerianic acid saturated with ammonia, is a more convenient prepararion than the salt, that the former be adopted as the basis af prescription, the remedy would be equally reliable and convenient for use, and would save the druggist some extra manipulation. It is, however, desirable to have a uniformity in the preparation, that we may not prescribe with confusion. We propose, therefore, that our apothecaries keep on hand an aqueous solution, each ounce of fluid to be equivalent to drachm ss. of the valerianate of ammonia, and to be known as the *Liquor Ammoniæ valerianatis.—Cincinnatti Med. Observer.*

ON VELERINATE OF AMMONIA.—BY WILLIAM PROCTER JR.—Within two months past a demand has risen for the valerianate of ammonia, owing to the publication in the Medical examiner of a notice of its successful employment in severe facial neuralgia by certain French physicians. Having been applied to for this substance, and having studied the subject to some extent the following remarks bearing on the preparation and properties of the salt are offered to those desiring the imformation.

When valerianic acid, as it occurs in commerce, is neutralized with strong solution of ammonia, and the liquid is carefully evaporated at 150° F., a syrupy liquid results, which is a dense solution of the valerianate of ammonia. If left to stand for some time it shows little, if any, disposition to crystalize, especially if the atmosphere is moist; but under favorable circumstances crystallization occurs, and the solution becomes a mass of crystals.

After several trials, the following method was adopted, which proved successful. After concentrating the aquous solution, it was mixed with twice its bulk of 95 per. cent. alcohol, and suffered to evaporate spontaneously. In a few hours as the alcohol disappeared, crystallization took place without difficulty. As valerianic acid is expensive, and the use of this salt will depend much on its being obtained at a reasonable price, it will be preferable to make the acid and salt in one operation, which can be economically done by the following process which I have found to yield a nearly pure product.

Take of Bichromate of Potassa, eighteen drachms,
Sulphuric acid, thirteen fluid drachms,
Fusel oil (Alcohol Amylicum), a fluid ounce,
Water, a pint,
Solution of ammonia, a sufficient quantity.

Reduce the bichromate to powder in a mortar, add the acid mixed with an equal bulk of water and trituate, and then the remainder of the water, so as to get a clear solution. Pour this into a quart flask, add the fusel oil and shake them together at short intervals, until the reaction has abated and the temperature decreased. Then attach the flask to a Liebig's condenser, (or use a retort and receiver), apply heat, and distil a pint of liquid from the mixture. The distillate (which consists of a watery solution of valerianic acid, with an oily mixture of valerianic acid and valerianate of oxide of Amyl, or apple oil, floating on its surface) should then be put into a flask, and solution of ammonia added with agitation, until in slight excess and the liquid ceases to redden litmus paper. The apple oil floating on the surface should then be removed, and the solution evaporated on a watery bath till syrupy, mixed with alcohol, as before noticed, and set aside to crystalize.

A very neat process is to pass gaseous ammonia through syrupy valerianic acid till super saturated, and then, after slightly heating the dense solution, to remove the excess of ammonia, crystallizating by aid of alcohol, as above.

Valeriate of ammonia is a colorless salt, crystalizing in very thin micaceous quadrangular plates, soluble in water and alcohol in all proportions. When added to washed ether, a part of the salt seizes on the water and attaches itself to the sides of the vessel, whilst another is retained by the ether. Its taste is at first sharp, and then sweetish, its odor slightly valerianic, like valerianate of soda. When its aqueous solution is boiled, ammonia is perceptible in the vapor. According to Lowig it volatizes without decomposition, and Gregory gives it the formula $NH^4, O + C^{10} H^9 O^3$. Although very soluble, this salt effloresces when exposed to the air. I have not determined its amount of water of crystalization, nor have I been able to find any statement of the dose of the salt, as the paper in the Examiner speaks of a "solution" without noting its strength.—*American Jour. Pharmacy.*

REMARKS ON OPERATIVE AND THERAPEUTIC SURGERY—BY E. D. HUDSON, M. D.

In the gain or loss of one man, all the rest have equal claim.

In no art is there so urgent and imparative a demand for scientific, humane and skilful practice, as in operative and therapeutic surgery. Wholesale casualties, and consequent mutilations, in addition to various exposures and consequent disease, increase the demands for surgical interposition in rapid succession; amputations are fearfully multiplied; knowledge should increase, and surgery be practiced with a desire and power to save "even unto the uttermost."

A high toned, humane, and scientific surgeon, has power to radiate a thrill of joy and gladness through the electric circles of society, by his enlightened efforts, and skill to save, in striking contrast with him who is governed by a blind adherence to authority, prejudice or cold indifference; and who inhumanly sacrifices, at the expense of his patient, on the altar of caprice.

Errors in operative surgery, originating in, and perpetrated by, accredited authority, have been fruitful in cruel suffering, and should suffice. Investigations after the right, the convictions of enlightened judgment, and the impulses of humanity, have been in a greater or less degree stifled by the paralyzing influence of distinguished precedents. The art has made comparatively little progress beneath the weighty influence of authority, and it can never hasten toward a more truly scientific basis till mind is disenthralled, made free and independent, and the act of every surgeon is made the subject of the most rigid investigation and criticism; till it is committed to men possessed of wise and liberal heads, warm hearts and skillful hands; who, free from the bigoty of schools, have honor and courage to appropriate and practice that which seemeth wise and humane, and to reject every traditional error. Veneration for the renowned of the past or present, should never influence the surgeon of this day to adopt and practice their errors. The great mission of the surgeon of to-day, is "to save, and not to destroy."

What was once adjudged a sufficient occasion for amputation, has ceased to be. A more enlightened and philanthropic spirit has arisen and rendered judgment against amputations without cause; the old place of election; and the *modus operandi* of a Pare, Petit, Cooper, Bell, and other renowned ones, even of modern times, as the result of an ignorance to be winked at, but no longer to be tolerated. To extend a mutilation any further than accident or disease imperatively demands, is being regarded as a sin for which there is no forgiveness: especially the act of sacrificing any portion of limb upon the altar of cupidity, to accomodate the cold charity of a "peg leg," as one entitled to no mercy, inasmuch as none is shown. The wisdom and skill of every surgeon should be tested, *caeteris paribus*, by the beneficial results of his operation to his patient; in the length of the portion of the limb saved; in the formation of the stump, and thereby, the increased facilities, secured for the work of reparation which improved art can furnish in mecanical utilities, and which the humanitary spirit of the age stands ready to contribute. Independent of all antecedents, the surgeon should act with an eye to the future usefullness, comfort, and appearence of his patient, and the compensating utilities which art and beneficence have in store for him: Hence—

1. *When* shall amputation be performed?
2. *Where* should it be performed?
3. *How* shall it be performed?

When an amputation is decreed, the choice of place demands the wisest counsel, and should always be decided by the extent of the injured or diseased parts; and both to be contended with for the reservation of every line of the uninjured or healthy part of the limb; inasmuch as the longer the stump the greater will be its leverage, and the increased facility it will afford in the application and use of mechanical agencies. The unneccessary sacrifice of the least portion of limb, sadly enhances the patient's loss, and demands the utmost precaution. The old theory and practice, of amputation of the leg, at a point some four inches from the lower edge of the patella, and of the thigh, some six inches, from the lower part of the trochanter major, instigated by a mistaken philanthrophy to accommodate poverty in the use of an inferior appliance, and its cruel adjustment, is fast yielding to a more enlightened and philanthropic considerataion. The surgeon should perform his work well, and with godlike incentives, independent of sordid avarice and a dwarfish charity; and call to his aid the humanitary influences of the age, to supply the restorative agencies to such as are in need; hence he will save to the fullest extent every portion of limb, uninjured and undiseased.

WHERE SHALL AMPUTATION BE PERFORMED.

First of the foot.—The more formidable operations on the foot are designated as Hey's and Chopart's; the first involving the metatarsal bones mainly, but leaving a large and serviceable portion of the foot, which, with a well-adjusted artificial substitute performs admirable service; while the second, or Chopart's, implicates not only the metatarsal, but also the five lesser tarsal bones, and frequently portions of the astragalus and calcaneum, with the entire sacrifice of the extensor muscles of the foot, and the insertions of a portion of the flexors of the leg, the antagonistic power of the gastrocnemii and soleus muscles; thereby subjecting the remnant of the foot to their entire action, drawing it upward, and the anterior portion downward, exposing the cicatrix to constant and troublesome irritation and ulceration, and oft-times to re-amputation. It is rarely the case that an amputation of the foot, after the method of Chopart, results advantageously to the patient, and most generally prove the source of very great annoyance. Extensive observation and experience in such cases has confirmed me in the opinion that whenever disease or causality require the removal of any essential portion of the tarsal bones, and the sacrifice of the extensors of the foot and the flexors of the leg, subjecting the foot to the exclusive action of the gastrocnemii muscles, the future comfort and usefullness of the patient will *frequently* demand the removal of the entire foot.

Second.—Amputation at the ankle joint, removing the external and internal malicoli, retaining and bringing up the integuments of the heel as a covering and cushion for the end of the stump, after the mode of Mr. Syme, when skillfully made has proved very successful and highly advantageous in their results, and in my opinion should frequently supercede Chopart's performance at the foot.—This operation enables the patient to avail himself of the skill of art to such an extent as almost entirely to compensate his loss.

The integuments of the heel, when aptly adjusted and compacted over the end of the bones, enables the patient to receive a pressure on the end af the stump the same as the natural heel, which, with an artificial foot and ankle joint skillfully applied, will enable him to engage in his usual vocations after the manner of the natural man. The utility and satisfaction attending this place and mode of operation have been very great, and were happily demonstrated by a patient of Dr. J. M. Carnochan, General-Surgeon to Ward's Island Hospital, in the firm, unflinching, and comfortable manner in which he walked on the end of the stump with only a leather covering, as with a natural foot.

Third;—Next to Syme's ankle-joint operation, the point at the lower third of the leg, should be selected as the site for amputation, as furnishing a fine leverage and superior facilities for the adaptation and use of artificial means. On account of the superficial covering of the crest of the tibia, and the paucity of muscle, the most finely covered, formed and finished stump at this point, that I have observed, has been made by the circular mode.

Fourth.—As the surgeon is forced to extend the site upward, the next point I would make special plea for is at the calf of the leg; to which objections have been made on account of its excessive muscularity and consequent difficulty of forming a good-shaped stump, and of its being too near the knee for the application of an artificial leg, and to far from the knee to accomodate poverty on a "peg leg." For the reason that neither riches nor poverty should ever influence the counsels of the surgeon, and that the patient should have the benefit of every portion of limb that the art can save, such considerations should never prevail. The flap operation at this site, in which the muscles are sundered obliquely, will secure to the patient a well formed and highly serviceable stump for the application and use of mechanical means.

Fifth.—The upper third of the leg being the old and favorite site for amputation, I shall pass with the simple remark that it has been, and still is, too readily and frequently selected at the very great and unneccessary expense of the patient; although we are happy to be able to testify that wiser and more humane considerations are influencing surgeons, as evinced in the longer portions of leg saved in a greater number of cases whenever the condition of the parts would admit of it.

Sixth.—When amputation at the upper third is rendered impracticable, it should be made through the spongy portion of the head of the tibia, if the condition of the parts will allow it, rather than to extend the operation to the knee joint or the thigh; an advantage is thereby secured to the patient of the greatest importance. An extra serviceable stump may thus be retained and a long anterior, semi-lunar flap made sufficient to cover the end of the stump and to unite in opposition with a short posterior flap; and the part being turned back affords a clean surface, and a firm support on the knee, for the entire weight of the body, in the use of an artificial appliance.

Seventh.—Hitherto I have been influnced by the unsuccessful *modus operandi* in past surgery, and the consequent unfavorable condition of the parts, from an insufficiency of a healthy covering of the extensive articular surface of the condyles of the femur, and an unsound and unreliable support on the end of the stump of the weight of the body, in the application and use of an artificial leg, to oppose amputations at the knee-joint, as injudicious and bad surgery. I am happy to be able to testify, to what I now regard as wiser counsel, and improved art; which have demonstrated, to a favorable extent, not only the feasibility but the comparative safety, of amputations at the knee joint; also their pre-eminent utility to the patient, when skillfully performed over any operation at the thigh. Amputations at the knee joint have been revived of late, and practiced by many of the more enterprising and progressive surgeons, both American and Trans-Atlantic, with encouraging success. The improved mode of operating at this cite, and its highly favorable results, in furnishing healthy, round and enduring stumps, for the adjustment, and reliable use of artificial appliances, in numerous cases, have impressed my mind strongly in favor of this place of election, and mode of amputation. Dr. Markoe, of the N. Y. City Hospital, has recently furnished many interesting and demonstrating cases of the comparative safety of amputations at the knee, and their superior advantage over those at the thigh. I recently counseled in the anjustment of Palmer's artificial leg to a case of knee joint amputation, performed, very artistically on a young lady, by Dr. Lord, of Portland, Me., the results of which were in the highest degree satisfactory and creditable. The artificial limb was beautifully adjusted, on which the lady received the entire weight of her body on the condyles of the femur and the patella, with the most perfect ease, and with which she performed locomotion so gracefully as to defy detection of the mutilated member. In every amputation at this site, the pathological condition of the parts should be highly favorable for securing a good sized and healthy flap, and a well covered, round and healthy stump. The main flap should be made invariably, from the anterior part of the leg by a semi-lunar incision, commencing at the side on a line parallel with the joint, and extended down in front sufficiently to secure a good covering for the entire articular surface of the joint, and up to the same point on the opposite side; always retaining the patella, (and its ligamentary attachments), which is drawn downward and backward and partially over and between the condyles, and remain *in situ*, by the flap which is extended back over the entire surface of the condyles, and united in perfect apposition with a very short flap;

thereby forming the cicatrax entirely free from exposure, and securing a round, smooth and serviceable stump. This site at the knee joint will never be selected for amputation, in preference to any point beneath it; but whenever the condition of the parts is unfavorable below the knee, and in a healthy condition at the joint for amputation, and the operation is performed with skill and precision, I am strongly of the opinion that in a majority of cases, it will result far more advantageously to the patient than any amputation at the thigh. Prejudice and pre-election should, and must, yield to a more enlightened and humane practice; or to pathological and therapeutic considerations, which should ever determine the place of election.

Eighth.—In all amputations of the thigh, every portion, to the fullest extent, should be retained. not only for the reason that the greater the distance from the body the amputation is performed, the less will be the risk to life, but also for the no less important reason that the greater the length of bone retained, the greater will be the ease, the more graceful the manner, and the more serviceable the stump, for every kind of business and locomotion, in the use of an artificial leg with an ankle and knee joint. With such an object in view, and also that of obtaining a good bearing on the end of the stump at this point, the operation of Mr. Syme, as successfully and satisfactorily performed by himself and other trans-Atlantic surgeons, presents itself to the American surgeon, as one worthy of special consideration; to wit: amputating through the spongy part of the condyles of the femur, just above their articular surface, making a long posterior flap from the gastrocnemii muscles, sufficient to cover the entire end of the stump, and to unite in perfect apposition with a short anterior flap, forming the cicatrix entirely in front of the condyles, (the reverse of an operation at the knee joint), out of the way of exposure in taking the weight of the body on the end of the stump. With so great a length of stump so thoroughly covered and protected with muscles reserved from the calf of the leg, and a fine, reliable bearing, the patient may enjoy a well adapted artificial leg with an artificial knee joint, and without elongating the thigh beyond the length of its fellow. The cases on record of this place and mode of amputation, and their results in the use of artificial means, are highly satisfactory, and worthy the attention of the American surgeon. I have dwelt upon the subject of reserving every portion of limb possible, in all amputations, to such an extent as to render further remarks respecting amputations of the thigh unneccessary.

III.—HOW SHALL AMPUTATION BE PERFORMED.

The last, but not least, consideration is the *modus operandi* which will secure the most perfectly covered and finished shaped stump.

The judgment and skill required in planing and mapping out the work for an amputation, so that the parts consequent shall be well compacted and perfected, is equal to, if not far greater than that for the mere manual operation. In default of an accurate survey and mathematical calculation before commencing an operation, the most revolting consequences are daily witnessed in the hosts of mutilated stumps, the subjects of unscientific surgery.

In most of the cases of amputations at the thigh, the double flap mode secures the most favorable and satisfactory results.

The formation and position of the flaps on the anterior and posterior parts of the thigh, their angular and lunated form with no integumantary protrusion at the centre of their arch, made on the lateral and median line of the thigh, all serve to produce a highly finished shape and serviceable stump, and to favor the transverse, instead of the vertical, as the most artistic and beneficial mode of operating. The muscles being severed obliquely, and, as they may be, quite abruptly, thereby preserving muscle as well as integument near to the termination of the flaps, a compact, round, accuratively made, muscular as well as integumentary, covering of the end of the stump is attained, as also a finely formed stump whose inclined plane affords an extensive surface for the adjustment of an artificial leg, and the diffusion of the weight of the body over it as well as on the parts beneath the tuber and ramus-ischii. When the flaps are formed by mathematical precision, exactly the right shape and size, so that muscles as well as integument shall be preserved to their termination, not too small, requiring tension, sutures, etc., to retain them *in situ;* neither so redundant as to prevent a ready adhesion and induce sloughing or abscesses, and finally resulting in a badly covered and deformed stump. with only the end of the bone covered with only a thin integument, or a loose pendulum mass; but by admeasurement so accurately made that a perfect aposition of parts shall result, of muscle to muscle, integument to integument, point to point, terminating in a hemispherical end, the surgeon has then performed a work that does credit to the head that planned it, and the hand that executed it. In the use of artificial appliances of improved art when adjusted to an amputated *thigh* or *leg*, no pressure is ever allowed on the end of the stump, so that the plea entertained for a mere integumetary covering of the end of the stump, for the reason that the muscular covering would be wasted or absorbed by the mechanical presure, should not be heeded. A sound *muscular* covering of the end of the stump, instead of being objectionable, should be sought for as an object of very great importance.

Extensive observation of cases, in which every variety of mode in operating had been practiced, has confirmed me in favor of the double-flap, and its modifications, as the most satisfactory in its results, and free from the objectionable feature of the circular mode, consisting in the protruding integument at each angle of the cicatrix, occasioned by uniting the soft parts in a straight line.

These brief remarks on particular sites and mode of amputation, I have been induced to make by an every day's observation of severe mutilations, rendered excessively so, by the very frequent adherence of surgeons to the old place of election, and mode of operating; and from the too apparent destitution of information respecting the great improvements which have recently been made in the mechanical utilities and surgical apparatus for every variety of amputated limbs.

If surgeons, more generally, were well schooled in mechanical principles, and their compensating agencies for every species of mutilation, their practice would be very essentially modified and improved, and there would be also much less loss of limb and consequent suffering. The mechanical appliances, invented of late, for amputated legs, are so anatomical in their mechanism and operations, as to render the loss of limb comparatively much less than formerly; and when the surgeon well understands their merits, and is actuated accordingly, the increased facilities he will secure to his patient in the choice of site and *modus operandi*, will very greatly diminish his loss, and enchance his welfare. The mechanical utility invented by Mr. Palmer, and its ingenious adaptation to the very worst cases of mutilation, the most renowned surgeons of London and Paris, as well as in America, have thoroughly tested, and attested; and a more general knowledge of which should be deemed as imperative as that required for a truly scientific amputation.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JUNE, 1857.

THE AMERICAN MEDICAL ASSOCIATION held its tenth annual session at *Nashville Tennessee* on the 25th, 26th and 27th of May.

Delegates were present from about two thirds of the Union. The only delegate present from New Hampshire was our friend DR. ADONIRAM SMALLEY of LYME to whose kindness we are indebted for Nashville papers giving an abstract of the proceedings from day to day.

DR. ZINA PITCHER, of Michigan, assumed the chair as President, assisted by Vice President W. K. BOWLING, of Nashville.

Dr. WM. BRODIE of Michigan, and Dr. R. C. FOSTER of Nashville, Secretaries, were present.

The Chair stated the first business of the Association to be the reception of the report of the Committee of Arrangements, and Dr. C. K. Winston of Nashville as chairman of that committee, reported accordingly, and on behalf of his committee, and the medical profession of the city, extended a graceful and hearty welcome to the Association in a brief address.

On motion of Dr. C. K. Winston, the roll of delegates who had registered their names was read, from which it appeared that twenty States were represented by an aggregate of 146 delegates.

Upon the suggestion of Dr C. K. Winston, Drs. Felix Robertson. John Shelby, and John Overton of Nashville were made permanent members of the Association.

The convention then took a recess of fifteen minutes for the purpose of allowing the respective delegations to appoint each a member of the committee on nominations. Subsequently the nominating committee was reported and organized as follows :

Connecticut, Chas. Hooker ; New Hampshire, A. Smalley ; Indianna, W. W. Hitt ; Wisconsin, J. K. Bartlett ; New York, Jas. R. Wood ; Michigan, A. B. Palmer ; Missouri, J. S. Moore ; Illinois, T. K. Edmiston ; Kentucky, R. J. Breckinridge ; Arkansas, T. G. McGavock ; Ohio, B. S. Brown ; S. Carolina, R. W. Gibbes ; Alabama, W. P. Reese ; Mississippi, F. B. Shuford ; New Jersey, R. M. Cooper ; Louisana, S. O. Scruggs ; Pennsylvania, P. Cassidy ; Georgia, Thos. S. Powell ; Tennessee, J. B. Lindsley.

The committee upon nominations having been organized, the President, Dr. Pitcher, delivered his Annual address. The Address was received with manifestations of pleasure and approbation.

The Hon. Judge Catron was invited to a seat within the bar of the Association.

The Chairman of the Committee of Arrangements announced that the sessions of the Association would be from 9 A. M. to 2 P. M.

The nominating committee was allowed to retire for the purpose of presenting the names of officers of the Association.

On motion, the thanks of the Association were tendered to the President for his very able address, and the same was referred to the Committee on Publication.

The report of the Committee on Publications was then read.

The committee on Prize Essays were allowed further time to report.

The President announced to the Convention that Drs. F. Stewart, Alden March, Isador Gluck, of New York, and Dr. Pancoast of Pennsylvania, had been appointed to represent this Association in Foreign Scientific bodies.

The committees on Medical Education and Medical Literature had no report.

Mr. S. C. Watson of Maine, read a communication in behalf of the committee on Medical Topography and Epidemics, asking further time, which was granted.

Dr. Arnold of Georgia, offered a resolution, constituting the committee on nominations a standing committee, to whom shall be referred all business, not requiring immediate action. Adopted.

The Secretary read the apology of Dr. James Mauran of the committee on Medical Topography and Epidemics for Rhode Island, which was accepted.

Dr. Peregrine Wroth, of same committee for Maryland, sent in his report, accompanied with reports from Drs. A. M. White and Edmund E. Waters. Received and referred to committee on publication.

Dr. W. F. Sutton, of same committee for Kentucky, apologised for the absence of report.

The members of same committee were called from New Hampshire, Vermont, Massachusetts, New York, New Jersey, Pennsylvania' Delaware, Virginia, District of Columbia, South Carolina, North Carolina, Tennessee, and Territory of Minnesota, neither of whom reported.

The committee on nominations reported through their chairman, Dr. J. B. Lindsley, the following officers for the ensuing year;

President—Dr. Paul F. Eve, of Tennessee.

Vice Presidents—R. J. Breckinridge, Ky.; W. H. Byford, Ind.; D. M. Reese, N. Y.; and H. F. Campbell, Ga.

The report was concurred in.

The President announced that the Secretaries would be chosen when it was ascertained where the next meeting will be held.

On motion by Dr. Wistar, the chair appointed a committee of three, consisting of Drs. Wistar, Arnold, and Engin, to conduct the newly elected officers to their seats.

The President elect being absent, the Association adjourned to Wednesday, 9 A. M.

SECOND DAY.

The Association met at 9 o'clock—Dr Pitcher presiding.

The minutes of last meeting read and approved.

The new president, Dr. Paul F. Eve, was then conducted to the chair. Before entering upon his duties he addressed the Association in a few brief and pertinent remarks. He thanked the Association for the honor conferred upon him—that they were present again at one of those great festivals and glorious re-unions, to whose efforts it committed the life and keeping of others. You come, said he, from the North and South, from the East and West, you are brethren from various sections of the Union to carry out the best interests of the work in which you are engaged, and, said he, may I express the hope that your deliberations may be conducted with one heart,—one mind,—one hope,—one voice.

Dr. Winston, Chairman of the committee of arrangements, reported additional delegates since the meeting yesterday.

Dr. Hooker, of Connecticut from the Committee on Medical Topography and Epidemics, made an explanation relative to the report.

Dr. Arnold submitted an abstract of the report of Dr. J. F. Posey of Georgia, on Medical Topography and Epidemics. Received and referred to the Committee of publication

From the same committee, Dr. Mendenhall of Ohio, Dr. Alleyne, of Missouri, Dr. Beech, of Michigan were granted further time.

No reports from Alabama, Indiana, Wisconsin, Illinois, U. S. Army, Navy and California, on the same subject.

Dr. Winston presented a communication from the Southern Methodist Book Concern, extending an invitation to the association to visit that Establishment during their stay in the city. Received.

The chairman stated that intelligence had just been received, announcing the death of Dr. T. J. Grafton, one of the committee of Medical Topography and Epidemics, from Mississippi.

A telegraphic dispatch was read from Dr. J. Marion Sims, of New York.

Dr. Wood of New York, submitted two reports, which were referred to a special committee.

The special committee being called, a letter from Dr. E. R. Peaslee, of Maine, was read, declining to serve as chairman of the committee on Inflamation—its Pathology, etc.

No reports from Dr. Hutchinson and Dr. Isaacs of New York, a committee on Anatomy and Histology of the Cervex Uteri.

Dr. J. Taylor Bradford, of Kentucky, to report upon the treatment of Cholera, not present.

Dr. Mark Stephenson of New York, to report upon the treatment best adapted to each variety of Cataract, etc., submitted a communication through Dr. Reese.

Dr. J. M. Carson, to report upon the causes of the impulse of the Heart, etc., through a letter, asked for further time.

Mr. D. Meredith Reese, of New York, one of the newly elected Vice Presidents, to report upon the causes of Infant mortality, etc., submitted an able and lengthy paper on the subject.

The President appointed Dr.'s Curry, Grant and Evans, a committee on voluntary contributions.

A communication was read from Dr. J. B. Lindsley, from the medical association of Washington city, inviting the National Association to hold their next annual meeting in that city. Referred to the committee on nominations.

On motion of Dr. Winston, Dr. Shelby was invited to occupy a seat with the chairman.

Dr. Hobbs, of Illinois, offered a resolution, providing for the appointment of a committee to whom all essays should be referred.—After some discussion, the resolution was indefinitely postponed.

A communication was read, signed by several members of the association, protesting against the admision of delegates from the Oglethorpe medical college of Savannah, on the ground that it is not a regularly organized college.

Dr. Benson, delegate from that institution, by motion was allowed to address the association. He spoke with much feeling, giving suitable reasons why some of the chairs had not been filled in that college, and why the protest had been offered, and that it had been signed by Professors and graduates in a college which had for several years past been directly opposite to them.

Dr. Arnold, of Georgia arose. He said that one of the signers was a graduate of Tennessee, and in a great state of excitement he demanded whether the gentleman denied it.

Order was called for, and Dr. Benson stated that he had been so informed and that if he was mistaken he would like to be corrected in a gentlemanly manner.

Dr. Buchanan, of Tennessee, regretted that a fire brand had been thrown into this association, and he hoped the matter in question would be dropped.

A motion was made that the protest be laid on the table. Carried.

Dr. Palmer, of Michigan moved that the whole matter be referred to a committee of three, which was afterwards amended, so that no professor should be appointed on the committee. Resolution and amendment adopted.

Dr. Felix Robertson, the first male child born in the city of Nashville, appeared and was conducted to the stand.

The association then proceeded to the regular business.

Dr. J. Foster Jenkins, of New York, to report upon Spontaneous Umbilical Hemorrhage asked for further time through a communication. Granted.

Dr. Henry Carpenter, of Pennsylvania to report upon the use of instruments in Obstetrical Practice—not present.

Dr. Alex J. Semmes, D. C. to report upon measures to be adopted to remedy the evils existing in the present mode of holding Coroner's Inquest's submitted a paper by mail which was read and referred to the committee on publication.

Accompanying his report, he presented the following highly important resolution.

Resolved, That a committee of three in each State, Territory and the District of Columbia be appointed, and that said committee be and they are hereby authorized in the name of this association, to memorialize their respective Legislatures, to pass such laws as will best carry into effect the objects of the foregoing report. Adopted, and the committee appointed.

Dr. J. B. Flint, of Kentucky, reported upon the true position and value of Operative Surgery.

Dr. J. Marion Sims, of New York, treatment of the results of Obstructed Labor—further time granted.

Dr. G. V. Dorsey, of Ohio, causes and cure of indigestion—no report.

Dr. C. B. Coventry, of New York., Medical Jurisprudence of Insanity—further time.

Dr. Jas. Leidy, Human, Animal and Vegetable Parisites. No report.

Dr. M. D. Darnall, Indiana, value of strict attention to position in the treatment of diseases of the abdomen. No report.

Dr. Geo. Sutton, Indiana, milk sickness. No report.

Dr. Clark G. Pease, Wisconsin, blending and conversion of the types of fever. Further time.

Dr. B. S. Woodworth, Indiana,, best substitutes of cinchona. No report.

Dr. Franklin Hinkle, Pennsylvania, use of cinchona in malarious diseases. Read and referred to committee of publication.

Dr. Henry F. Campbell, Georgia, nervous system in febilre diseases, submitted and continued.

Dr. Jno Neill, Pennsylvania, laws governing the absorption and deposit of bone. No report.

Dr. John W. Green, New York, intimate effects of certain toxicological agents in the animal tissues and fluids. No report.

Dr. Geo. Suckley, U. S. Army, medical topography and fauna of Washington territory. Referred to committee on voluntary contributions.

Dr. James Cooper, New Jersey, Flora of Washington and Oregon territories. Referred to committee on voluntary contributions.

Dr. C. E. Isaacs, New York, intimate structure and pathology of the kidney. Further time.

Dr. Israel Moses, New York, diseases incidental to emigrants. No Report.

Dr. T. W. Gordon, Ohio, etiology and pathology of epidemic cholera. Continued.

Dr. H. A. Johnson, Illinois, exertions as an index to the changes going on in the system. No report.

Dr. D. D. Thompson, Kentucky, remedial effects of cloroform. No report.

Drs. Leidy, Wood, and Meigs, Pennsylvania, best means of causing an increase of the number of essays—continued.

Dr. N. S. Davis, Illinois, changes produced in composition and properties of milk—communication read and received.

Dr. McGugin, Iowa, stonatitis materna—further time.

Dr. Singleton, of Kentucky, offered a resolution in regard to the death of Dr. Grafton, of Mississippi.

A motion was made to expel Dr. Reynolds, a member of the Association, for certifying to the good qualities of quack medicines caried.

The committee appointed to take into consideration the charges preferred against Oglethrope College, Savannah, reported that the charges were not sustained, and recommended that the delegates be admitted. Received and concurred in.

The following preamble and resolution was adopted:

Whereas, it has pleased Almighty God to remove by death our fellow member ROBT. M. PORTER; and because of his devotion to the interests of the profession of medicine and his steady support of the American Medical Association.

Resolved, That this Association learn with unfeigned sorrow of his decease, and that they have lost a fine and intelligent supporter, and society a benefactor and friend.

The Association then adjourned.

Third Day.

The Association met pursuant to adjournment. The minutes of yesterday were read and adopted.

Dr. Hoyt, from the committee of arrangements, read the names of additional delegates to the Association, who had arrived since the meeting of the Association yesterday.

The Secretary read a communication from Dr. Clark G. Pease, of Wisconsin, which accompanied his report on "*Blending and Conversion of the Types of Fever*."

Dr. Hooker, of Conn., moved that the report be referred to the committee on Voluntary Contributions.

Dr. McKinley moved to amend by having a portion of the report read, which was lost,

And the motion recurring to refer the report, it was carried.

Dr. Marsh moved that the Report of the Nominating committee be taken up and each subject to which it refers, be considered separately, which motion prevailed. That portion relating to nominations was then adopted.

The place of the next annual meeting of the Association being the next subject in order, after some discussion.

On motion of Dr. Marsh, the report of the committee was adopted.

Dr. Lindsley moved that, as Dr. Semmes, one of the new elected Secretaries was absent, Dr. Brodie, of Michigan, be elected Secretary *pro-tem* which was carried.

Dr. Pitcher offered the following resolutions which were unanimously adopted:

Resolved, That a committee of three be appointed, of which the President of the association shall be chairman, to communicate with the Surgeon General of the army, the chief of the Medical Bureau of the Navy, and the Secretary of the Treasury of the United States, with a view to secure the concurrence of these departments of the federal government, so that its contributions to the medical Topography and Vital Statistics, and the Sanitary Police of the nation may be made tributary to the labors of this association.

The chairman appointed as such committee, Dr.'s Z. Pitcher, of Michigan, and R. H. Coolidge, of Kansas.

A large number of resolutions were here offered and adopted.

Dr. Bowling, chairman of the committee on Prize essays submitted the report of said committee, as follows:—

The committee on Prize Essays report that four essays have been received, each possessing great merit.

The committee selected the following two essays for the two prizes provided for at the last meeting of this association.

1st. One entitled "The Excreto-Secretory System of Nerves.—Its relation to Physiology and Pathology," with the following motto:—

"*Observation becomes Experiment, when used in severe processes of Education*," and signed, Henry Fraser Campbell, Georgia.

2nd. "Experimental researches relative to the Nutrition, Value and Physiological effects of Albumen, Starch and Gum when singly and exclusively used as food," with the following motto:—

"*Qum sequimur? quone in jubes? ubi ponere sedis?*
De pater augurium, atque animis illabere nostris!" and signed, William A. Hammond, M. D., Assistant Surgeon U. S. Army.

The President read an invitation to the members of the association to visit the University of Nashville, in its Military, Literary, and Medical departments.

The committee on voluntary contributions, reported in favor of the publication in the Transactions of the Associations, of the following paper, "On the blending and conversion of Types in Fever." By C. S. Pease, M. D., of Wisconsin. The report was adopted.

Dr. McMurry offered the following resolution, which was adopted:

Resolved By this association that the committee on Publications be instructed to append the Code of Ethics of the American Medical Association to each volume of its present and future annual transactions.

The amendments to the constitution proposed by Dr. Stocker, of Pa., at the last annual session, were taken up and laid on the table.

Dr. Lindsley offered the following amendment to the constitution which was seconded by Dr. Gunn:—

"In Art. II, omit the words 'Medical Colleges;' and also the words 'The faculty of every regularly constituted Medical College, or chartered school of Medicine, shall have the privilege of sending two delegates.'"

This amendment lies over until the next meeting, of the association, under a rule of the organization.

After passing a few more resolutions &c., the association, on the motion of Dr. Byford, adjourned *sine die*.

N. H. ASYLUM FOR THE INSANE.—DR. J. P. BANCROFT of St. Johnsbury, Vt., has been appointed superintendent of this institution, in place of Dr. J. E. Tyler who has resigned as it is understood, to take charge of an institution of like character in Iowa.

THE HORSE'S AGE AS SHOWN BY HIS TEETH, is the title of a lithographic plate, published by Geo. H. Dadd, Vertinary Surgeon, at Boston.

By this any one can see at a glance the changes which take place in horses teeth from year to year. Price $2.00, free of postage.

PALMER'S PATENT LEGS.—We would call attention to the advertisement of PALMER & Co., on another page. They have removed their establishment from Springfield to Boston, the better to accomadate New England people. They now have three houses, viz:—at Boston, New York and Philadelphia.

Palmer & Co., stand unrivalled in this department. One of their firm, Dr. E. D. Hudson has paid great attention to the best mode of performing amputation to secure a good stump; his article on this subject we have transfered to our pages, for the benefit of our readers.

THE BRITISH AND FOREIGN MEDICO-CHIRURGICAL REVIEWS, for April, has come safely to hand. It is reprinted in beautiful style by S. S. & W. WOOD, *No.* 389 *Broadway, New York.* This work is the production of some of the best pens in the British empire.

The main feature of the book is its review and bibliographical department comprising 125 pages. Original communications occupy 32 pages, and the remaing 50 pages are devoted to "Chronicles of Medical science." There is no more reliable periodical than this in existence. It is published quarterly at $3.00 a year in advance.

CONTENTS.

Original and Selected. PAGE.

Abscess, by A. B. Crosby, ... 161
English Impudence and American Servility, By S. B. Hunt, M. D. 167
Valerinate of Ammonia, ... 170
Operative and Therapeutic Surgery, ... 174

Editorial, &c.

Report of Amer. Med. Association, ... 181
Editorial, ... 189

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N. B. In compliance with the urgent solicitations of our numerous patients and the leading surgeons in New England, we have transferred our Springfield house to Boston, 19 Green-st. Henceforth our patrons will address, or visit us, at Boston or New York, as above directed.—*Pamphlets sent Gratis to all who apply for them.*

REFERENCES

BOSTON.	NEW YORK
S. D. Townsend, M. D.	Valentine Mott, M. D.
S. Winslow Lewis, M. D.	Willard Parker, M. D,
H. J. Bigelow, M. D.	J M. Carnochan, M. D.
J. Mason Warren, M. D.	J. Francis, M. D.
D. H. Storer, M. D.	Alfred C. Post, M. D.

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(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 167.)

CHAPTER IV.

Abscess of the Orbit and its appendages.

Acute Abscess of the Orbit.—The areolar investment of the posterior three fifths of the eye ball is subject to acute inflammation, which sometimes although rarely terminates in suppuration, constituting what we shall call abscess of the Orbit.

Abscess of the Orbit is preceeded by the local and constitutional symptoms of high inflammation, and is followed by alarming and dangerous consequences to the organ, if not to the life of the individual.

This variety of abscess is incident to all ages and conditions of life, and occurs either with or without an assignable cause; in other words it is idiopathic or traumatic.

Causes.—The causes of this form or variety of abscess are colds, contusions, punctures and incised wounds of the supercilliary ridges, lids and temples, foreign bodies in the eye, and punctures under the lids. It may follow the removal of tumors from the ball of the eye, and its appendages.

Symptoms.—Abscess of the Orbit is usually preceeded by chills and fever with a general disturbance of the whole system. The pulse is hard and frequent, there is great thirst and frequently delirium. Severe pain is felt in the head through the temples and deep in the eye, which soon becomes fixed or is moved with difficulty and an increase of pain. The eye feels too large for the orbit.—

Pressure increases the pain, and produces flashes of light in the eye. Vision, at first, is not impared, although there is more or less intolerance of light. From deposition deep in the orbit, the eye is protruded in proportion to the swelling. Now vision begins to be impaired, and may be lost for a time, or forever. The lids are swollen and can only partially cover the ball, showing the pupil, at first contracted and sometimes at a later period dilated. The conjunctiva is red and at first bathed with the lacrymal fluid which is abundantly secreted. At a later period the secretion is checked and the parts become dry unless kept moistened by some extraneous fluid. Suppuration may be inferred by the increased œdema of the lids and conjunctiva, which now looks granular and spongy. The whole or a considerable part of the globe being uncovered by the lids, a condition that has received the name of exophthalmos.

If the eye ball remains very much protruded, or wholly dislodged for any considerable length of time, its texture may be attacked with inflammation, and be wholly destroyed by suppuration.—At this stage, symptoms of inflammation of the brain, or its membranes may supervene, and the patient perish with symptoms of compression or disorganization of the brain.

Treatment.—The treatment should be vigorously anti-phlogistic, consisting of general bleeding, leeching to the temples and about the Orbit, repeated twice a day until the inflammation is subdued or there is evidence of suppuration, cathartics (℞ Hydr. Chlor. mitis gr.v—Pulv. Colch. Sem. gr.iii—Pulv. Opii gr.i—M—followed after four hours with senna and salts in suitable quantities every two hours, until free catharsis is produced), diaphoretics, as in the following:—

℞ Pulv. Acac. ℥i
Potass. Nit. ℥ii
Ant. et Potass. Tart. grij
Aq. Bullient. ℥viii

Mix and disolve. A large tablespoonful may be given every hour, with ten drops Spts. Camphor, and 4 drops of Laudanum, until diaphoresis commences, when the Laudanum may be given in every second dose or as often as necessary to allay irritation.

At the same time the head should be raised, and the forehead and eye bathed constantly, either with warm or cold water as shall best agree with the feelings of the patient. If the inflammation does not terminate in resolution in the first six or ten days, there will then ensue symptoms of suppuration, when a mucilagenous poultice may be applied to promote it, which should be changed before the mucilage becomes dry.

Careful examination should be made from time to time that an opening may be made into the cavity of the abscess as early as possible, especially if the eye is much protruded.

The matter may point above or below the eye, or to either side. If the abscess has attained sufficient size to protrude the eye the cornea will be turned in an opposite direction to that towards which the abscess points, indicating the place of puncture. In making an opening, a careful consideration of the important appendages of the eye, will enable the practitioner to avoid them, and attain his object. The incision should be free, and gentle pressure may be used to empty the abscess at once, when the eye will be drawn back into its place by the over stretched muscles. A tent may be kept in the opening until the discharge is much diminished. It is not always possible to ascertain when suppuration has taken place, especially in the chronic form when the symptoms have been mild. In such cases there can be but little risk in puncturing; provided that the eye is prominent and has been the seat of pain and throbbing, with swelling of the eye-lids and conjunctiva :—

CASE I.

A female child 7 years of age, late in the autumn of 1833, during the apple harvest, after being out all day, complained at night of chills with headache and pain in the back and limbs with painful rigidity of all the muscles, for which she was thrown into a perspiration, and purged which greatly relieved the general symptoms. The pain in the head and left eye continued, the eye being "swollen and stiff." A physician was called who did but little, thinking that it would "soon get well." I saw the patient the twelfth day of the disease, presenting the following appearances :— The left eye lay out upon the cheek, uncovered for two thirds of its extent by the upper lid, which was red and œdematous. The conjunctiva was red, spongy and in a state of chemosis. The cornea dull and covered with portions of *dry* poultice. The sight was of course obliterated. I could not detect fluctuation, but satisfied of the existence of pus, I elevated the lid and passed a lancet deep into the Orbit evacuating a quantity of healthy pus. A tent was introduced into the opening to be taken out every twelve hours, and a poultice of superfine flour of slippery elm applied to be renewed every three hours.

The discharge was free and somewhat copious for some days.—The swelling of the lids subsided rapidly and the eye gradually returned to its Orbit. Opacity of the cornea lasted a month or more, when the sight began to return and in the course of a year was fully restored.

CASE II.

A simple fellow who had attended the exhibition of a juggler, attempted to imitate him by putting a smooth bit of wood the size of a barley corn into one eye when by using certain mysterious words and with gusticulations and passes of the hands the foreign body was to be conducted under the chin, up the cheek and come out of the opposite eye. Securely lodged in a fold of the conjunctiva it "refused to do his bidding." One experiment after another was resorted to for its removal, but in vain. Maddened with pain he put a large eye stone into his eye. This likewise hid itself. Inflamation of the conjunctiva came on, the cellular investment deep in the orbit became involved and suppuration took place pushing the eye nearly from its socket. All this while he had said nothing of the cause of his trouble. After two weeks of intense suffering, an abscess burst which had surrounded the eye, giving exit to an abundance of pus and a bit of wood. After a time suppuration occured in the eyeball, which also burst giving exit to all the humors of the eye by which of course the organ was entirely lost.

CHRONIC ABSCESS OF THE ORBIT.

This abscess is the result of subacute or chronic inflammation of the cellular investments of the eye. The symptoms are mild and less obvious or reliable than in the acute form of the disease; frequently giving rise to but little local or constitutional disturbance, so much so that sometimes great doubt may with propriety be entertained whether the disease is an abscess or some gradual developement of a tumor aneurism, or some other morbid growth behind the eye in the Orbit. From the mildness of the symptoms and the slow progress of the disease, which may occupy years, the causes are obscure.—

At the head of the predisposing causes without doubt, struma may be placed, especially in cases where herpetic eruption of the head, ears, nose, eye-lids &c., have previously existed. From the slow progress of suppuration, ulcerative caries and necrosis may take place and the matter find its way into the brain producing death from pressure and disorganization. Very frequent and careful investigation of the disease will enable the practitioner to decide as to its nature. If the eye is prominent, with more or less of immobility and tenderness, with flashes of light and œdema of the lids, an inflamed and granular condition of the conjunctiva, abscess may be inferred, and an opening attempted in the most important points.— If in the absence of all pain or tenderness in the above condition of the eye, we should infer aneurism, tumor, or enlarged lachrymal gland, a puncture of exploration should be made with a groved needle or fine trocar before an opening with a lancet would be free from danger.

Whatever it is, chronic abscess aneurism or tumor, it will be proper to resort to the trial of leeches and blistering, alteratives and such other local and constitutional treatment as the symptoms would indicate. Of course we have nothing to say in this place of the treatment proper for the other affections named.

ABSCESS OF THE LACHRYMAL GLANDS.

Writers are by no means agreed whether or no the lachrymal glands may be inflamed and suppurate. We believe it to be as liable to this form of disease as any conglomerate gland. If areolar tissue exists in the composition of these glands as it evidently does, then we may have supperation, not to be sure of the gland itself but of its areolar connections and investment. Hence we infer that the lachrymal gland is subject to inflammation and suppuration within its capsule. This may be the result of blows, or it may have the common origin of inflammation. The most distinctive symptom of inflammation in the lachrymal gland is more or less pain in the location of the gland. There is less difficulty in moving the eye with a large external tumor than in abscess of the orbit. Lachrymation is at first increased and later much diminished or wholly arrested.

Treatment.—The treatment will be the same as in inflammation deeper in the orbit. As soon as fluctuation is ascertained an opening should be made for the exit of the pus. And here a difference of opinion may occur as to the best place for the operation. It is always desirable to get an opening which shall give the easiest and most direct escape to the pus. In this instance, although the abscess should point so as to offer the best opportunity to open near the margin of the orbit through the upper lid, to avoid the troublesome fistula which sometimes is left after the other operation and which may always remain without a remedy, we would much prefer to open beneath the lid. If the abscess looks like making a spontaneous opening without endangering the deep seated texture of the Orbit, it had better be left to do so, as we have never observed the fistulous opening to follow the spontaneous discharge of the pus. If exfoliation or ulceration takes place it will continue to discharge until all the dead bone has been removed, when it will heal without difficulty, but not always without deformity.

ABSCESS OF THE LACHRYMAL SAC.

The symptoms of this disease are, more or less pain at the inner canthus of the eye, the cururnle swelled, hot and tender, involving the punctum so that either from increased lachymation, or the closing of the punctum tears accumulate in the eye and flow over upon the cheeks. Either the lachrymal sac or its cellular investment or both become involved, and now a tumor, tender to the touch may be felt in the location of the sac. The cellular tissue under the skin next becomes involved and in many cases resembles erysipelas so nearly that we have seen experienced practitioners not a little troubled to make out a satisfactory diagnosis. The pain is very severe, both lancinating and throbbing. The cheek is swelled and of a shining red from the temple to the chin, attended by general œdema of the lips and the ala of the nose. There is marked and severe constitutional disturbance, urgent thirst, sleeplessness and sometimes delirium. Sooner or later according to the tissue involved, the abscess is observed to point either just above or a little below the tendon of the orbicularis, and is either opened or bursts from ulceration of the skin, affording almost instant relief, discharging pus at first, and sometimes only pus; in other cases pus and tears, depending upon the fact whether the abscess has formed within the sac or upon its outer surface. We are quite certain that we have seen several abscesses form exteriorly to the sac, and which have not been followed by fistula lachrymalis, the usual consequence of abscesses formed in this location.

Treatment.—It is to be seriously regretted that this disease should be so often neglected or discarded in its early stages by the patient, and so indifferently treated by the physician, when we remember its obvious and terribly loathsome consequences, permanent fistula lachrymalis; a deformity robbing an otherwise comely face of its most expressive feature, a sparkling eye doomed ever after to overflow with pus and tears, with but little prospect of any more than partial relief from any of the operations performed or proposed for its cure. The treatment for abscess of the lachrymal sac would consist, if the patient be early seen, of leeching, from two to six being applied, to be repeated every twelve to twenty-four hours according to the severity of the inflammation, an active purgative, followed by diaphortics combined with sedatives. Warm or cold water may be applied to the cheek, as is most agreeable to the feelings of the patient. If suppuration cannot be prevented, a poultice should be applied, composed of two parts cracker and one part flour of the slippery elm, wet with hot water to the proper consistence and spread upon a thin light cloth, the surface of the poultice being covered with fresh lard, olive oil, or any other fresh animal oil that may be at hand.

As soon as suppuration is fully established an opening should be made at the most prominent point by a lancet and the pus evacuated by art, rather than wait for a spontaneous opening.

ABSCESS OF THE EDGES OF THE EYE LIDS.

Under this general head we shall treat of all the suppuratory tumors that appear on the edges of the lids.

Hordeolum or Stye.—This is the term applied to inflammation of the cellulo-fibrous texture of the lids, in which the meibomian follicles are situated. This abscess is much larger and more painful than that which occurs within the capsule of the glands. It is a miniature boil. Its most frequent occurrence is in persons who have a strumous habit of body, with more or less irritation and redness of the tarsal margin.

Treatment.—If it is a first occurrence, a single leech applied just below the outer margin of the lid will oftentimes arrest the inflammation. If the same thing has occurred several times, a brisk emetic, followed by a murcurial purge may arrest it.

If the inflammation is not arrested, suppuration occurs forming a pyramidal tumor showing a white point on its summit. It may now be opened freely with a sharp lancet, parallel to the margin of the lid and the matter pressed out, when in many cases no more matter will be discharged.

The same causes in the same individual, or in a similar constitution will produce an inflammation and suppuration at the roots of the hairs composing the eyelash, forming a small abscess which destroys their connections, when if left to themselves they will drop out, or they are easily removed. The disease becomes habitual and ultimate-the cilliæ are all destroyed, never to be reproduced. This fact with the small size of the abscess is sufficient to distinguish it from Hordeolum.

Treatment.—Pluck out one or two hairs, and bathe the eye in a little weak alkaline solution containing in solution also a little solid opium. A little laudanum may be added which will greatly relieve the irritation and promote the comfort of the patient; at night a mucilaginous poultice covered with fine soft muslin may be applied to the eye.

If induration of the tarsi remain a dilute nitrate of mercury ointment may be applied at night. In addition to this some constitutional treatment is advisable.

The syrup of the iodide of iron, or iodine either alone, or in some of its combinations, answers an excellent purpose.

Iodide of potassium may be employed and the different preparations of iron.

Alteratives and tonics generally offer the most efficient means as prophylactics.

(To be continued.)

ON THE POWERS, PROPERTIES, AND EFFECTS OF REMEDIAL AGENTS.

—BY W. C. NORWOOD, M. D. of Abbeville, S. C.

MR. EDITOR,—We desire to occupy a few pages in your valuable journal. There is but little time afforded the village or country practitioner for reading or writing. Notwithstanding the obstacles that lie in our path we will attempt to treat of the powers and properties, or effects of remedial agents; also of the breaking up of disease at its outset; of its arrest or cutting short after being fully formed and developed; and of the modification which may be induced should we fail to break it up at its outset, or arrest it in its progress. We shall also briefly notice the prevention of disease, and the possibility of rendering the patient comfortable in cases of mortal issue. We presume that no one will gain-say the assertion, that the powers of very few remedies are well understood, and their uses and effects accurately ascertained. Indeed, the *time*, *watching*, and *study required* are so *great* that *exceedingly few trouble themselves to ascertain and learn what should be known of remedies.* All that appears to be necessary, in this age of *rapid progress*, is, that such and such remedies are not *poisonous* or *unsafe;* and that this man and others are too fond of *experimenting.* This, as is generally well understood, will satisfy the public, who, by-the-by, have a mortal dread of poisons, and a great fondness of safe and gentle remedies. And this safety and mildness of remedies will be a sufficient salvo to the consciencies of the indolent, ignorant and time serving or mere routinist.

There are at least three different sets or systems of nerves which distributed throughout the organs and tissues, preside over the functions of animal and vegetable life; and it is through these channels that the action and effects of medicines are manifested, and their powers and proper use or application learned. These are the sensitive and voluntary, the respiratory, and the ganglionic or great sympathetic nerve, or involuntary and comparatively insensitive. The pain and suffering of the patient are usually much greater when the sensitive and voluntary system of nerves and organs are effected, and the danger is much less in proportion to the pain and restlessness manifested, than when the other systems are assailed, and more especially the last named where the great sympathetic nerve is more particularly distributed. Again, we believe it be a general rule, that the most important remedial effects as are brought about by a change in the action of the organs or functions controlled by the great sympathetic nerve. In short we believe that all remedial agents act primarily and directly upon all the organs and functions of the body through the medium of the nerves. As the actions and functions of one system of nerves and organs are different from those of another, it would be idle and out of place to administer a remedy when one system was affected that was adapted to a diferent set of diseased organs or functions. An agent may, and often does, act on one set of organs or functions, when given in a certain quantity and manner; and on a different set of organs and functions when administered in a different quantity and manner. To illustrate our idea and the meaning we wish to convey, we will take calomel; by giving calomel in small and repeated doses we obtain the cathartic, irritative, or sensitive effect of that agent; but although we witness the operative effects, such as catharsis, nausea, and ultimately a disagreeable ptyalism, yet by such a process we obtain but a very slow and indirect remedial effect. In diphtheritic, or membraneous croup, such a course would be hazardous. To children from one to five years of age we often give forty grains of calomel at a single dose, with the happiest effect, when laboring under the above variety of croup. When given in this quantity it is a rare occurence for the calomel to purge, unless assisted by some other cathartic. But the symytoms of croup speedily give way. We distinguish this effect, or operation by the term neurotic, as the effects are manifested in the function of secretion, which function is presided over by the great sympathetic nerve. And the effect of the morbid action, in the case of croup alluded to above is the secretion and formation of what is commonly called a false membrane ; and is commonly known by the name of diphtheritic, tubular, or membranous inflammation ; but we notice further, as above stated, (and if not, it should have been), that the sensitive or cathartic effect of calomel is not primarily remedial ; neither is the commonly called test of its full operation upon the system, either directly or indirectly, remedial—perhaps a single case excepted, (we allude to ptyalism), and the exception if any, which we believe doubtful, is in the case of Syphilis.—That calomel given till catharsis or ptyalism is produced, is not by any means remedial, we now attempt to prove and illustrate by its varied modes of administration and action in cases of Bilious Pneumonia. We give the symptoms, that no one may be misled by the name :—The pain is severe, extending to the shoulder joint, or under the scapula, or clavicle ; yellow fur on the tongue ; bitterish taste in the mouth ; slight yellowness of the conjunctiva ; the matter expectorated very tenacous, parting from the fauces with great difficulty, and adhering closely to the vessel ; color yellow, resembling melted sulpher, and when not properly treated, accompanied in its progress with severe and almost uninterrupted hiccough. Dr. A., a graduate of Charleston, was attacked with the above set of symptoms, for which he purged himself freely with calomel, adding a free use of blisters and expectorants ; and after catharsis, continuing the calomel in small doses till ptyalism was excited without relief. The symptoms continuing to increase, we were invited to see him. All the usual remedies had been tried to arrest the hiccough, which had been continued upwards of forty hours. He was directed twenty grain doses of calomel every four hours, till symptoms were relieved, or three portions given (in thin syrup). In less than six hours every vestige of hiccough was gone. The cough and pain much relieved, and the expectoratien improved. I was shortly after this time, called to see a negro woman, belonging to Mrs. S., in consultation with Dr. W., who was laboring under the above symptoms in an intense degree, and had been treated by free purging with calomel, and was further treated with blisters and calomel and Dover's powder in repeated doses. At our first visit we found her hiccoughing severely and continuously, which she had been doing for the last forty-eight hours; In addition, she was very severely salivated. She was directed to take twenty grains of calomel, every six hours, until relieved, or three portions were taken.—The first portion arrested the hiccough in less than four hours and caused a gradual subsidence of all the other symptoms, and convalescence speedily followed. I was called to see Mr. C., in consultation with Dr. S. We found him suffering from symptoms similar to the above, but in an aggravated degree. He had been purged with calomel, followed by calomel and Dover's powder in small portions, till slight ptyalism was excited; he had also been freely blistered. The hiccough had existed in a slight degree for several days; but for the last twenty-four hours in an aggravated degree. He was ordered twenty grains calomel every four hours till relieved, or until three portions were taken. In less than six hours the hiccough was subdued, and he rapidly convalesced. We have given these cases to illustrate our views, as well as to show the varied powers of calomel. Showing as we believe, that the effects of calomel, namely; catharsis and ptyalism, which have been looked upon as remedial and as tests that the system has been brought to the fullest extent under its influence, are not so in reality; but farther, that its most important remedial powers are often obtained by administering it in large doses—after free purging and ptyalism to a disagreeable extent had been produced. This peculiar and most important remedial power of calomel we will call *neurotic*, and we contend that it is different and independent of the operations claimed as remedial, and believed to be the tests of the full operative influence of this agent on the system.

Colchicum, although it operates on a portion of the system controlled by the great sympathetic, namely: the chyliferous organs, yet its manifestations are very different from those of calomel. It is truly a chylogogue cathartic. We give the name from the appearance of operations: they are whitish or milky, and foamy or frothy, resembling lime and water stirred together. There is scarcely a single disease in which colchicum is indicated that receives any benefit from its use, however long continued, till the whitish frothy operations spoken of are produced. In treating rheumatism, gout, dysmenorrhœa, erythema, (a local variety often called erysipelas), and neuralgia, little or no benefit is ever realized, unless the remedy is pressed till free purging, accompanied with whitish, frothy operations is produced. So it may be said that the remedial effect of colchicum is rarely, if ever obtained, till a peculiar purgative effect takes place; and if no relief is obtained from its use, the peculiar catharsis spoken of may be looked upon as a test of its full operative effects upon the system, and that its farther continuence would be useless, if not positively injurious. Colchicum is one of the most valuable agents belonging to the materia medica, and its effects can be calculated on with as much certainity as any other remedy used. If properly prepared, the dose will rarely exceed thirty drops; but the most usual operative quantity is from twelve to twenty-five drops.

In the case of calomel the most important remedial operative effects are independent of its cathartic or salivating powers; indeed they are not all necessary nor essential to its beneficial effects; neither are they to be relied upon as tests, that the full operative effects of calomel have been obtained, and that its further use should be discontinued. But in regard to colchicum, the peculiar cathartic effect is essential to its remedial manifestations, and is at the same time a test of its full powers upon the system, and that it should be used no farther, if no relief is obtained when that point has been reached.

Stramonium is another very important remedy; surpassed in value by but few agents of the materia medica. The circumstances regulating its use or the methods of using it, are simple, and easy to be comprehended. In the cases in which it is indicated, it should be given till the symptoms are relieved, or till it excites dilatation of the pupil if contracted, or contraction if dilatation exists. When properly prepared, the dose rarely reaches thirty drops. Its operative effects are generally produced by twelve or twenty drops. We shall now state the method, or rather the part of the system operated upon by certain agents when given in destructive doses.—Opium, and other remedies which may destroy life when given in full doses, act deleteriously by suspending the action of the respiratory organs, with very little disturbance of the vascular system.—Veratrum viride, on the other hand, suspends the action of the vascular system, or the action of the heart. Strychnos nux vomica, by excessive spasmodic action, or contraction of the system or organs of voluntary action.

We shall notice briefly the remedial, or curative effects, as they are often called, of the agents of the materia medica: The term curative and remedial are often used in the same, but not unfrequently in an opposite or different sense. In strictness of language, curative cannot be applied to remedial agents. There is no remedial agent of any value or treatment of disease, the action of which is physiological or healthful. However we shall use the term curative when speaking of remedial agents, but in strictness of language no remedial or medicinial agent is properly and legitamately curative. Neither is the operative effects of any purely medicinial agent physiological or healthful. If this were the case they would merely intensify the physiological or normal actions of the system when given in health, or where no morbid action existed. We deny that the effects of remedial agents, either in health or disease, are normal or physiological; but that these actions are more or less morbid, or physiological with very few exceptions. We know, also, if we attempt to break up disease by increasing the force of the physiological action of the system by those agents calculated to support and sustain the system, that we would aggravate and protract disease. Who would ever hazard the safety of his patients by increasing the quantity or quality of the food, and the amount of exercise in severe febrile and inflammatory diseases?—We cannot intensify any of the means of giving strength, support, or perfection, to the functions of the system, so as to prevent disease, or to arrest and cure it when once produced. By the above, we will perceive, that to prevent or arrest disease, according to our idea we must excite a more intense train of actions, or more properly speaking, an opposite set of actions or sensations to those produced by the agents or causes of disease, or by those agents which support and sustain life. Herein, in our opinion, is the difference in the actions, sensations, and motions produced by remedial agents, and the agents exciting disease. Morbific agents, or those exciting disease produce a continued or more persistent train of actions which affect the system more generally, and continue their impressions without repetition or continuous application of the cause or causes, agent or agents. Not so with remedial agents: their effects or the actions, sensations, and motions which they excite are tempoary and transient, and unless repeated at frequent and short intervals, their effects or operations cease to be felt. It will readily be perceived that in consequence of the temporary and transient effects of remedial agents, that we may increase them to an extent that will dethrone disease by exciting a more intense and opposite grade of action to that produced by morbific agents; and after continuing their effects for a time by continued repetition of doses the chain of morbid action will be broken up, and by suspending their use, physiological or healthy actions will be the result. There is a peculiarity in remedial agents distinguishing their actions still farther from mobific agents, and also from those agents sustaining the normal and physiological actions of the system, namely: that as a general rule they possess but one or two prominent powers. But this very limitation of powers gives the physician a great advantage; for by uniting a number of remedial agents, he can attack disease at any assailable point, and meet every emergency that may arise. He may unite the most active stimulants, tonics and narcotics, which are not incompatible with each other; but still their actions, both singly and combined, may be unadapted to the disease action, and inadequate to meet all the morbid conditions excited. Or he may add narcotics, diaphoretics, and vesicants, and vary his combination, without limit, at pleasure, and attack disease from the centre to the circumference, intensifying the remedial powers by selecting a proper agent for one system or organ, and a different and more active agent for another system or organ, and still the actions of the agents, though they may be combatible with each other, yet at the same time they may be inappropriate, and insufficient to counteract and overcome the particular diseased action, for which they are prescribed.

It will be seen how important a true knowledge of the powers of remedies is to the success of the physician, and how by a proper and judicious selection, he may be able to discharge the important obligations and responsibitities which necessarily rest upon him when assuming the practice of medicine. From what has been stated, it follows that remedial agents are valuable in proportion to the number and extent of their powers; and that they arrest disease by virtue of exciting an opposite train of actions, motions, and sensations to those produced by disease, and also different from those of health; and that in consequence of their transient or temporary effects, unless kept up by continued repetition, the system resumes its normal condition on the suspension of their use. Unless the effects of medicinial agents were different from those produced by disease, and also more intense, they would aggravate the symptoms and fail to arrest it, either in its outset or progress. If their effects were physiological and normal they would merely intensify, and would therefore never answer the purpose of remedial agents; So that it is perfect nonsense to talk about remedies being innocent, mild and curative in the public acception of the terms. For, if they do not excite actions, motions and sensations more intense than those excited by disease, we would forever fail, either to break up or arrest disease. It is an absurdity to assert that mild and gentle remedies will arrest and overcome severe and inveterate diseases.—Very few are willing to submit to the labor and toil of treating disease with efficient remedies: the *placebo*, or the *expectant plan of treating disease is much more congenial to the inclinations and opinions* of men generally, than the strategetical.

So long as this is the case, disease will reign triumphant. How common the expression that such a remedy is active and efficient, and that such a disease will not tolerate active or efficient treatment? How often is it asserted that veratrum viride is not *curative*, that it only *controls the action of the heart?* Do those physicians forget that if it only accomplishes that object alone, that that object was long the *desideratum of the profession?* And shall that which has been so long desired, and so earnestly sought after, be heedlessly and wantonly thrown aside, now that such an agent is known and discovered, because forsooth, some have taken it upon themselves to assert that it is not *curative*, but *only controls the action* of the *heart?*

Those who take upon themselves the responsibility of such a statement, might, with equal propriety, state that the causes of disease only increase the action of the heart. The one assertion is just as true and plausible as the other; and if the one merely lessens, the other merely increases the frequency of the action of the heart, and therefore it would be the proper remedy. We assert that the one assertion is as true as the other, and that the conclusions and deductions drawn from its remedial and curative powers are equally logical and philosophical, because veratrum viride does control the action of the heart, and it is not curative, because it does control the heart only, and no more. If it merely controlled the action of the heart, no other effects should follow; but if other effects are observed to follow, it must do something more than control the heart's action. Now we positively assert that other effects may be observed, and do follow the proper administration of veratrum viride.—We further assert that these effects are either remedial and curative, or that they coincide with, and aggravate the disease existing when given. Let us have the facts: In Febrile and Inflamatory diseases, the action of the heart is increased in frequency. By giving the tincture of veratrum viride, this increased action is lessened.—In treating febrile and inflamatory diseases, what is the object of every one? Is it not to reduce or lessen the action of the heart? If so, so far as that act alone is concerned, it must be curative or remedial. But further: The heat of the surface is increased, which is a distressing and unpleasant symptom in connection with the dryness of the surface, as well as with thirst, which is present. In the above named diseases the veratrum viride diminishes the heat, renders the skin cool, soft, and often moist, at the same time that it diminishes the unpleasant thirst. If increasing those symptoms would aggravate those diseases, would not their reduction be remedial and curative? Pain, restlessness, and inflamation are the symptoms of febrile and inflamatory diseases; veratrum viride relieves pain, restlessness and inflamation by virtue of its nervine powers, and in consequence of its reducing the action of the heart and arteries, diminishing the heat, thirst, &c. It would be needless to continue the parallel. For if morbific agents produce this increased action: heat, dryness, thirst, restlessness, pain, and inflamation, that agent which produces an opposite action—as less frequency of action of the heart and arteries, less heat, less dryness, more moisture and softness of the surface, less thirst, less pain, less restlessness, less redness—as veratrum veride, (is acknowledged to do by all who have given it with care), must be remedial or curative. We presume the above remarks are sufficient to convince any one that the action of veratrum veride is *remedial or curative* in the most emphatic sense, and that it is not surpassed, if equalled, by any other agent of the meteria medica. In another paper we will discuss the breaking up of disease at its outset, and its prevention, mitigation and arrest, when fully formed and developed. We will assume as a fact that all diseases may be prevented, arrested, or modified—Typhoid Fever not excepted.—*Charleston Med. Journal.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, JULY, 1857.

Criminal Abortion.—We have watched with much interest the progress of the movement lately commenced by the profession in Boston against Criminal Abortion. This movement has now secured the sanction of the State Medical Society of Massachusetts, and as it will doubtless be participated in by physicians of other States, we are inclined to think its history from the outset, obtained from current numbers of the Boston Medical and Surgical Journal, and from the correspondence of a friend may prove not unacceptable to our readers.

That this crime terrible and infamous though it be, is yet common, none who have watched the proceedings of the Courts, or have read the daily journals can doubt—and there is every reason to believe that the community are on the one hand too often ignorant of its true character, and on the other too prone to the opinion that it is frequently practised, advised or excused by respectable medical men. To meet these errors and to vindicate the profession has now been attempted. More than two years and a half ago, in November 1855, the Professor of Obstetrics in Harvard University, (Dr. Storer, Sen.), in the Public Address introductory to the Annual Lectures, took occasion to call attention to the prevalence in this country of Criminal Abortion, and the equally injurious and immoral practice of preventing pregnancy.

The sentiments then expressed were received with approbation, and were requested for publication. Fearful however lest its pecuniary interest might suffer, whether at the hands of the public, one of whose prevailing sins had been so boldly and directly assailed, or of the profession, whose lethargy in this matter and subserviance to expediency had been rebuked, the college interferred, and at the express desire of its faculty, but, as we now learn, entirely against the author's will, such portions of the address as bore on Criminal abortion were suppressed in the published copy.

With the exception of a similar address by Dr. Hodge of Pennsylvania, no other public action against the crime of abortion, seems to have been taken until now, by any of the profession in this country.

In February of the present year, Dr. Storer, Jr., (Horatio R)., of Boston, having ascertained that his father had abandoned all intention of prosecuting his original proposals, brought the subject before the Suffolk District Medical Society. In a few preparatory remarks:—

"Dr. Storer quoted statistics from a recent memoir by Tardieu of Paris in the Annales d'Hygiene Publique et de Med. Legale for 1856, showing how common was the crime in this country as compared with others; so common indeed as to have led foreigners to suppose that the procuring criminal abortion was with us an ordinary and well established branch of industry, not interferred with by the Law; as indeed to all intents and purposes is at present the case.

Dr. S. referred to our statutes on this subject and to the ignorance prevalent in the community respecting the actual and separate existence of fœtal life in the early months of pregnancy. He dwelt on the moral and absolute guilt of the parties offending and on the necessity of prompt and efficient action by the profession, and called upon the Society, as representing the physicians of Boston, to take such steps as would alike ensure the innocence in this matter of all its members, and show to the community the sincere abhorrence with which they viewed the crime.

In conclusion Dr. Storer offered the following resolution:—'That a committee be appointed to consider whether any further legislation is neccessary in this Commonwealth on the subject of Criminal Abortion, and to report to the society such other means as may seem necessary for the suppression of this abominable, unnatural and yet common crime.'

To which, at the suggestion of Dr. Jeffries, was added this amendment:—'And that said report when accepted by this Society shall by it be recommended to the Massachusetts Medical Society, as a basis for its further action.'"

The resolution and amendment were unanimously passed, and Dr.s H. R. Storer, Bowditch and Ellis appointed as the Committee.

At the April meeting the committee submitted their report, which was ordered to be printed. It gave rise to much discussion, both in private and at a special meeting of the Society called early in May; part in the debate being taken by most of the leading practitioners of the City.

The Committee, after due deliberation and under advice of eminent Criminal Counsel, were of opinion that under the existing law of Massachusetts convictions were impossible, and they therefore reported a draft in substitute for the present statutes, during the preparation of which "they had addressed letters of inquiry to distinguished Physicians in every part of the Union, and received answers relative to the statutory laws of twenty-one States, accompanied in several instances by the opinions of leading advocates and Judges, for them procured."

The report itself was acknowledged to be able and forcible, but to the draft many objections were made. Gentlemen of the timid or ultra-conservative schools were not prepared to meet the issue face to face; and to ensure as much unanimity as possible in the matter, the Committee, by permission of the Society withdrew this portion of the report, which as thus amended by them was accepted at the regular May meeting, and the following resolutions passed :—

Resolved, That the subject of CRIMINAL ABORTION demands the attention of the Medical Profession of the State.

Resolved, That the Massachusetts Medical Society be urged to take action in the premises, and, if it deem expedient, to present the subject for the consideration of the Legislature.

In persuance of this latter resolve, the same Committee by direction of the Society, brought the matter on June 3rd, before the Massachusetts Medical Society at its annual meeting at New Bedford.

By special vote of the Society, its rules were suspended, and :—

"The debate was warmly and ably sustained for about an hour and a half, the principal speakers being Dr.'s H. R. Storer, J. Bigelow, J. Ware, and Ephraim Buck, of Boston, C. C. Chaffee, of Springfield, and Henry H. Childs of Pittsfield. The resolutions offered by the Committee were finally referred to a Committee consisting of Messrs. F. Hooper of Fall River; J. Bigelow, J. Ware, Chas. Gordon and H. R. Storer, of Boston; J. C. Dalton of Lowell and E. Hunt of Danvers, who are to report to the Councillors at their next meeting."

The discussion of this question has thus fairly begun, and the attention of the Profession will undoubtedly be engrossed by it throughout the land. As we are in possession of a copy of the Committee's report, we shall freely quote their argument :—

“ The frequency of Criminal Abortion in Massachusetts, though already notorious, is much greater than is generally supposed, and it is probably steadily increasing. It is confined to no class of persons, neither the poor, the ignorant, nor the unmarried; indeed among the married, the crime seems more common than among those who have the excuse of shame.

These statements might be doubted by gentlemen, who, for whatever reason, do not happen to be personally familiar with the fact.—They are nevertheless strictly true. Statistics of abortion do not exist, and for evident reasons, reliable ones cannot be obtained.—The instances of its occurrence, even when accidental, in advanced pregnancy, are but seldom reported to the proper authorities, who acknowledge that many of the so-called still-births, are in consequence of induced abortion. ‘Undoubtedly more than a hundred such, yearly escape being recorded (in Boston), a large proportion of which no doubt result from criminal abortion.’ (Extract from a letter of the City Registrar, Mr. Apollonio, to the Committee, March 26, 1857.)

Common as the crime may be in an advanced stage, after the existence of pregnancy has been made certain by its more evident signs, it is infinitely more common in the early months, before motion has occurred, when so many believe that the child has not yet received life.

It is impossible for the Committee to furnish statistics in this matter; but lest their premises should be denied, and as the experience of a single individual, it may be remarked that in no less than *fifteen* instances during the past half-year has the chairman been called to treat the *confessed* results, near or remote, of criminal abortion; and, of these patients, all without exception were married and respectable women. This very prevalence of the crime, which has hitherto obtained to an equal extent only in barbarous or heathen nations, is found almost to protect it. It escapes punishment by law. Many cases in proof of this might be instanced from the records of our courts; the three given in the City Registrar's report for the past year, (page 18), will, however, suffice. It has found public and unblushing defenders, who have so blunted the moral and religious sense of the people, that many respectable women do not hesitate to avow their belief that abortion is no crime.

The impunity with which the crime is committed is mainly owing to four different and separate causes:—

1st. The present *morale* of the community in reference to the subject;

2nd. The great caution generally observed by the perpetrators of the crime;

3rd. The fact that both operator, where such has been employed, and patient, are extremely desirous of concealment, and so can seldom be produced as witnesses; women frequently inducing criminal abortion upon themselves, either by drugs, over-exertion or instruments, without the knowledge, advice, or aid of others; and

Finally, The defective character of the law itself.

To check this evil, a change must be effected in public opinion. By whom shall this change be begun? There is no use in longer silence or in attempting to conceal what is but too evident. It has clearly become the duty of the Medical profession, as the guardians of the public health, if for no higher reason, and as those who, of all others, sooner or later in almost every instance become cognizant of the crime, to declare its true nature, its prevalence, and its deplorable consequences; to denounce it in unmeasured terms, and, where possible, to point out and to enforce efficient means for its suppression.

The ways in which the popular ignorance respecting its actual guilt, its immediate dangers to the mother, and its effects on subsequent health, can best be enlightened, are self-evident. In private, among his families; in public from his professor's desk, from the pages of his journal, or from the witness' stand, the physician is called upon by every dictate of humanity and religion, to condemn it.

That the Massachusetts law is predicated on an entirely erroneous idea of the true nature and guilt of criminal abortion, is evident from its very face. The crime is here considered as one against the person of the woman, and against her alone. If she die in consequence of the abortion, a certain penalty is provided; if she do not die in consequence thereof, though the abortion be fully accomplished, a comparatively trifling punishment is inflicted, less even than that ordinarily given to simple maim or mutilation.

The error is one of intent, which in reality is seldom against the life of the mother; in almost every instance, she is herself, not merely an accessory, but one of the principals—in what? Not in an attempt at the murder of herself, for that would be simply absurd, but the murder of her child.

The law is here fundamentally wrong. It utterly ignores the existence of the living child, though the child is really alive from the very moment of its conception, and from that very moment is and should be considered a distinct being; this the law does not, however, recognize. The fœtus is not as has been so often alleged, merely *pars viscerum matris;* though upon such belief our law is evidently based.

'It would be hard,' writes an eminent lawyer of this city to the Committee, 'to find in the moral law the distinction made in the civil law, between causing the death of a child before and immediately after its birth. Before the birth, though the civil law recognizes the existence of the child for some purposes, still so far as personal injury is concerned, its being is engrossed, so to speak, in the mother.'

The argument that the perils and dangers to which the fœtus is naturally subjected during its intra-uterine life should lessen the criminality of attempts at its destruction, is unworthy the profession, and should not be allowed in law. These perils do not exceed, if indeed they equal, those which threaten the new-born child. Yet these last would hardly be allowed to invalidate a charge of infanticide.

The crime, when a living fœtus has been destroyed, is clearly MURDER. But as there are those who will not allow that it should be punished as such, it should in all cases, whether the mother lives or not, be regarded as at least FELONY by the law, which now in most cases, declares it but a simple MISDEMEANOR. In cases where both lives are lost, its guilt is proportionally increased. If wilful intent against the life of the mother thus destroyed could ever be proved, the indictment should then be for murder.

An article of the penal code of France, as drawn by Napoleon, provides an increase of punishment where criminal abortion shall have been induced or advised by physicians, surgeons or other officers of health, or by druggists. We may well imitate this example. If it be determined that the crime must be checked, how great seems the guilt of those who intentionally use, to destroy life, the knowledge by which they are pledged to preserve it.

By our statutes, as at present standing, the mother can hardly be reached for her part in the crime. This should no longer be. Unless proved insane, the wretch who had caused the death of her offspring, perhaps by her own hand, should be made to suffer corresponding exposure and punishment. If married, as is too often the case, her crime should be considered as infinitely increased.

Much of the public indifference and error on the subject of criminal abortion is owing to the influence of certain misguided or brutal men, who by their publications or lectures, have given rise to a belief that the induction of abortion is alike the perogative and duty of the married. Such offenders, whose guilt should be measured by their numberless victims, are at present beyond the reach of the law; but, as evident criminals, they should be punished. The community should be made to understand and to feel, that marriage, where the parties shrink from its highest responsibilities, is nothing less than legalized prostitution."

The Committee have so far achieved a triumph. At the last Boston meeting, their Report was warmly contested, but accepted by a close vote. At New Bedford, the debate being participated in by gentlemen from all parts of the State, many of whom are unmentioned in the brief report of the Boston Med. Jour. it was evident that the majority of the Society were decidedly in their favor; and from the character of the men composing that committee, we are confident that they will not rest till they have secured all they desire. They aim at an open and general condemnation of the crime by the profession, and at thus removing the imputation now so generally considered as resting on its fair name. They aim at exposing, and even if better laws should be found valueless, at thus, to some extent at least, controlling and checking the crime.

In this connection, we cannot forbear noticing an infamous statement that appeared in a late number of the Boston Medical and Surgical Journal; it is from an anonymous stricture upon the Committee's Report.

We are led to understand by the unsatisfactory excuse for the statement referred to, offered by the editors in a subsequent number of the Journal, that it was at once branded as a *libel upon the profession*, at the ensuing meeting of the Suffolk Dist. Med. Society.

We quote the following:—

> "Argue as forcibly as they may, the Committee will fail to convince the public that abortion in the early months is a crime, and a large proportion of the medical profession will tacitly support the popular view of the subject."

This assertion, taken in the sense most naturally suggesting itself to any one, would then seem no less than a deliberate falsehood, and would tend to prejudice the profession, wrongfully and dangerously, in public opinion; and when our brother editors admitted, in their apology, that they were for a moment, "willing to allow that this is capable of a construction which would imply a libel on the profession," they assumed a position strangely at variance with that in their issue of Dec. 13, 1855, when they so eloquently asserted that:—

> "For ourselves, we have no fear that *the truth*, as told by the writer of this address (Dr. Storer's introductory) in reference to the crime of procuring abortion and the scarcely less heinous offence of preventing impregnation, would do aught but good in this, or in any city. It would appear that sheer ignorance in many honest people, is the spring of much of the horrible *intra-uterine murder* which exists among us; why not then enlighten this ignorance? It would be far more effectually done by some bold and manly appeal like that to which we allude, than by the private and scattered influence of honorable practitioners alone. In this case we will guarantee that vice would be all the more hated the more it was revealed, and would be neither pitied nor embraced.

The alarming extent of these evil practices is admitted; why attempt to conceal them any longer? Will not the mischief bye and bye be all the more deadly for delaying exposure and attempting relief?

If nearly every practitioner of medicine has his instances of application either to effect premature delivery or to prevent conception, what must the aggregate amount of these demands be? And how great reason have we for fully believing the ideas advanced by Dr. Storer, viz: that not only are these felonious practices the source of the great diminution so visible in modern days in the families of the married; but also that the imperfect sexual connexion practiced both illictly, and by husbands and wives, while it of course lessens our population, at the same time lays the foundation of many uterine diseases. This is at once an important and plausible suggestion. While perhaps, as yet, incapable of being substantiated by actual proof, the balance of evidence is decidedly in its favor, and on the most natural grounds. Whatever interferes with the full and proper exercise of any function, is likely to induce irregularity in its performance, and finally organic disease. This is at once philosophical and in accordance with the will of the Creator; *Leges naturæ non impune franges.* If impregnation be prevented by the well known means so widely used, or in any way, why should we not look for the termination of the naturally aroused uterine excitement, which fails of its legitimate end, in congestion, inflammation, and final disorganization? This is a question of vital importance to any people—to all parents. In silence and by sufferance, these mighty evils are feeding on the life blood of the nation itself.

Whatever estimate may attach to our opinion, we believe that not only 'ought these things not so to be,' but that the public should know it from good authority. Such an exercise of his knowledge, experience and true moral courage is not only the province but the conscientious duty of the Physician; expediency with its cold heart and leaden footed pace should be hooted from the path of usefulness and rectitude. To apprehend ill-effects and danger to public morals from telling the truth (especially when it has been too long waited for), is both a *petitis principii* and as a rule will not obtain. Rules, not exceptions, are our recognized guides."

The discussion has fairly began, and the moral sense of the community cannot fail to be aroused and bettered. Already are the daily papers commenting on, and praising the manly course of the profession in Massachusetts, which we trust to see followed everywhere. The Boston Traveler thus closes a long article in its editorial columns, on the New Bedford debate.

"Public attention should be drawn to this last resort for getting rid of the cost and the unsatisfactoriness of young families. If all our people want to be rich, no poor folks; if all would have the luxury without the woe of life, let us take some other method than this spartan and barbaric retrogression. It would be almost as well to sink into the slough of Utah, and be 'sealed' with the polluting caresses of the Deacons of Brigham Young's temple of productiveness, as for the mothers of our land habitually to stain their souls with the smothering of infant life. It is a subject which is delicate to speak of. Its dangers in every and all stages are not properly understood. It is one which should be thought of. Among all the mischiefs which have arisen from our gregariousness in cities and in hotels, none is more terrible than this; terrible to the mother, terrible to society, terrible to all concerned."

We feel that we may well be pardoned for first speaking at length as we have, of the connection of our Massachusetts brethren with this subject, as the war seems first to have fairly begun with them; and will only say in addition, that we have personal knowledge that the evil is no less prevalent in our own community. We have in this City, a woman engaged in this nefarious occupation and with whom our authorities are unwilling to meddle, on account of her personal popularity as a *devoutly pious person*, and we have daily evidences that to procure abortion is one of the first desires of a large proportion of pregnant women. We have no pardon to ask for the length of our article, for we feel it to be a subject too long neglected, and no longer to be winked out of sight. And we will be glad to publish any cases which may be presented us, where Abortion has been produced, or attempted.

Dr. H. R. Storer has taken a stand in this matter alike creditable to his head and his heart, and we feel that he will receive the hearty thanks of every *true* physician.

That his efforts are appreciated by the profession at large, is evident, from the fact that he was appointed by the American Medical Association at its late meeting at Nashville, as Chairman of a Special Committee "on Criminal Abortion, with a view to its general suppression," to report next year at Washington, and may be regarded as an earnest, that the work now begun, *will be carried forward.*

THE STATE MEDICAL SOCIETY held its sixty-seventh anniversary at the new City Hall in Concord on Tuesday, June 2d.

The Meeting was presided over by the President, DR. FRANCIS P. FITCH, of Amherst.

The following Physicians were elected members of the society.

THOMAS W. LEACH, M. D. *of New Market*,
Oscar F. Seavy, M. D. of Hampstead,
Albert G. Fenner, M. D. of Dover,
W. H. Thayer. M. D. of Keene,
Samuel A. Richardson, M. D. of Marlboro'.
John S. Emerson, M. D. of Sandwich,
W. W. Wilkins, M. D. of Henniker,
Hosea H. Smith, M. D. of Meredith Village,
Abiel M. Caverly, M. D. of Troy,
Samuel W. Roberts, M. D. of Wakefield,
John M. Emerson, M. D. of Conway,
N. W. Oliver, M. D. of Portsmouth,
Chas. Warren, M. D. of Exeter.

The annual address of the President was delivered at 12 o'clock M., and was a carefully prepared and valuable contribution to our professional literature.

The following were the principal papers read before the Society :

By DR. HUBBARD, *on Surgery*,
" PRAY, *on Nursing Sore Mouth.*
" W. W. BROWN, *on Practical Medicine*,
" T. H. MARSHALL, *on the contributions of Quackery to Medical Science.*
" FERNALD, *on Epidemics.*
" W. H. THAYER, *on Obstetrics and Diseases of Women.*
" HILL, *his report as corresponding Secretary.*

PROF. PEASLEE exhibited a Uterine Pessary, and gave an interesting lecture upon its application to displacements of the Uterus.

A Committee was appointed to revise the By-Laws and Regulations of the Society, consisting of Dr.'s WEBSTER, EATON, EASTMAN, MASON and GAGE ; and a Committee to memoralize the Legislature on the subject of the Registration Laws consisting of Dr.'s FITCH, GAGE, ROBINSON, KNIGHT and EATON.

The following are the officers, &c., for the ensuing year :—

President:—George B. Twitchell, M. D., *of Keene*
Vice President:—Noah Martin, M. D. *of Dover.*
Secretary:—Harrison Eaton, M. D. *of Merrimack.*
Treasurer:—Luther M. Knight, M. D. *of Franklin.*

Councillors.

J. F. Sargent,
T. J. W. Pray,
S. Bunton,
John Bell,
S. P. French,
V. Manahan.
Geo. Sanborn,
C. P. Gage,
Wm. Leighton,
Wm. B. Stevens,
J. C. Eastman,
Hosea Pierce,
J. R. Smiley,
Oliver Goss.

Censors.

Albert A. Moulton,
Charles Palmer,
D. L. M. Comings,
A. A. Whipple,
John Wheeler,
Adoniram Smalley,
W. W. Wilkins,
J. C. Hanson,
Geo. W. Mantur,
G. A. Phelps,
D. S. Prescott,
David B. French,
S. G. Wood.

Corresponding Secretaries.

Nathan Call
Levi G. Hill,
W. W. Brown,
W. H. H. Mason,
T. H. Marshall,
W. H. Thayer,
E. R. Peaslee,
John Bell.

Delegates to Dartmouth College.

Geo. H. Hubbard,
Wm. P. Stone.

Delegates to American Medical Association.

E. K. Webster,
W. Leighton,
C. H. Shackford,
J. C. Eastman,
W. H. H. Mason,
J. S. Fernald,
C. P. Gage,
Geo. H. Hubband,
W. H. Thayer,
C. F. Elliot,
George Sanborn,
John Clough,
Josiah Crosby,
G. B. Twitchell,
Thomas Sanborn,
Wm. D. Buck,
F. P. Fitch,
P. A. Stackpole.

Orators for 1858.
SYLVANUS BUNTON M. D.
ABNER HAM, M. D.

Substitutes.
ABRAHAM ROBERTSON, M. D.
JOHN L. SWEATT, M. D.

Committees.

On Surgery:—ADONIRAM SMALLEY.

On Practical Medicine:—W. H. THAYER.

On Epidemics:—F. P. FITCH.

On Publications:—HARRISON EATON, C. P. GAGE, GEO. H. HUBBARD.

Of Arrangements.—HARRISON EATON, A. A. MOULTON, J. F. SARGENT.

The meeting was fully attended and all present seemed to feel an increasing interest in the welfare of the Society.

MEDICAL LECTURES.—On our advertising pages may be found notices of the Fall course of Lectures at Hanover and Pittsfield, Mass. From personal knowledge of most of the men comprising the faculties of these schools we are free to express our confidence in their qualifications and ability to teach.

We have often expressed the opinion, founded on personal experience, that, to students in the first year of their pupilage ; country schools afford greater facilities than those of the city, and to this opinion we yet adhere and advise our friends to avail themselves of the advantages of their own institutions before going farther.

CHARCOAL BISCUITS.—This is an age of improvements ; in modes of medication as well as other matters. We have been shown a specimen of carbonized biscuits manufactured by DR. CHARLES WARREN of Exeter. They are a simple biscuit of fine flour, oat-meal, and pure charcoal designed as a pleasant way of administering the charcoal in dyspeptic cases or any other in which an absorbent is required. We can testify that they are pleasant to take and it must certainly be found the most convenient way to use charcoal either internally or externally. See advertisement on another page.

AMERICAN MEDICAL ASSOCIATION.—We find that in condensing our report of the proceedings of this Association for our last number we crowded out some important facts.

The next meeting is to be held at Washington City. The following is a complete list of its officers:—

President.—PAUL F. EVE, of *Tennessee.*

Vice Presidents.—R. J. BRECKINRIDGE, *Ky.;* W. H. Byford, *Ind.*; D. M. REESE, *N. Y.;* and H. F. CAMPBELL, *Ga.*

Secretaries.—ROBERT C. FOSTER, of *Tenn.;* and A. J. SEMMES, of *Washington City.*

Treasurer.—CASPER WISTER, of *Philadelphia.*

LABOR POSTPONED FOR SIXTY-EIGHT DAYS AFTER THE RUPTURE CF THE MEMBRANES.—Dr. W. P. Montgomery relates (Dublin Hospital Gaz., Jan. 15, 1857), the following interesting example of this:—

"A lady who had borne two children, menstruated, for the last time, 26 Sep., and went on perfectly well until the 11th November, when, just as she was going to bed, she became conscious that there was a watery discharge from the vagina, which, as the event proved, was the liquor amnii.

This occurred at her residence, between eighty and ninety miles from Dublin, and caused her great alarm, as she took for granted that her labor must be at hand; and as I had always attended her, she had great objection to be confined under any other hands. So strong was this feeling, that she determined to run the risk of traveling up to town, which she did in a railway carriage, accompanied by a medical man, for fear of the worst.

She arrived safely in town on the 13th, and took up her abode near me. The discharge, which was generally limpid and colorless, but occasionally rose colored, continued without intermission; but it was soon observed, contrary to what might be expected, that the flow was greatest when the lady was laying down, and least when she was sitting up or walking about.

This, which she was first to observe, puzzled her very much, and she pressed me for an explanation, which I did not feel much difficulty in offering; and I told her that I thought that the opening, which I presumed was very small, had in all probability taken place very high up, while the lower part of the membranes remained sound; in which case, when she stood up, the water would sink below the level of the aparture, and so not flow out; but when she lay horizontal, there was nothing to prevent its constant escape.—The result justified this supposition.

Her health continued very good; she drove or walked every day; she continued to increas in size, and the motions of the child were to the last, active.

On the 18th January, 1851, labor supervened, and was short, and in every respect most favorable. On my arrival, I found a full bag of water presenting at the os uteri, which was fully dilated, and in about an hour she gave birth to a son, of full size for eight months, but very white, and he never became rosy, as he ought after crying strongly, which he did at first; but afterwards he fell into the peculiar incessant wailing low cry, which is of such evil augury in new-born infants. A wet nurse was immediately provided, but the child would not suck, nor would it swallow fluids conveyed into its mouth; it gradually grew more feeble and exhausted, and in six hours ceased to exist.

The placenta was allowed to come away with the least possible assistance, and on floating it in clean water, with its membranes, I found in the latter, within half an inch of the edge of the placenta, a small aperture of about an eight of an inch in diamerter, the edges of which looked as clean cut as if it had been made with a fine punch; this fully explained the peculiarity above alluded to.

Now, in this case, the daily discharge amounted on an average, to about five ounces of fluid, and lasted for 68 days, so that there must have come away about 340 ounces, or 21 pints, making nearly three gallons; and it seems reasonable to infer that the debility of the child arose from so much of the vital action which should have contributed to its sanguinious support having been expended in secreting such a quantity of liquor amnii.

Such a lesion as this is also interesting, as affording a probable explanation of the nature of at least some of those cases, in which abundant serous discharge takes place from the vagina during pregnancy.

I may mention, as a curious fact connected with this case that the same accident happened to the ladies mother."—*American Jour. Med. Sciences.*

CONTENTS.

Original and Selected. PAGE.

On Abscess, by A. B. Crosby, ... 193

On Remedial Agents, ... 200

On Postponed Labor, ... 220

Editorial, &c.

Criminal Abortion, ... 208

Report of N. H. Med. Society, ... 216

Editorial, ... 219

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REFERENCES

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S. D. Townsend, M. D.	Valentine Mott, M. D.
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D. H. Storer, M. D.	Alfred C. Post, M. D.

THE
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LETTER FROM SYRIA.

(Communicated for the N. H. Journal of Medicine).

Mr. Editor :—I enclose some extracts from a letter which I have received from the Rev. Henry Wood, late U. S. Consul at Beirut. I send it to you because it possesses much of interest in a medical point of view. And will doubtless be interesting to the numerous friends of that gentleman in New Hampshire.

With respect, I remain yours &c.,
DIXI CROSBY.

Beruit, *Syria*, 1857.

* * * * * * * * *

"The *atmosphere* of this country is perfection—so pure that no man needs a spy-glass, nor spectacles—hardly ; and by the way, there are no *near-sighted* persons in the country, and having broken my glasses, I cannot find a near-sighted pair in this city of 60.000 people, although the stores have a great quantity of glasses. From the mountains, at least twelve miles distant, I have often counted the *masts* of the vessels in the harbor, and at Jerusalem I could look down to the valley of the Jordan, more than a days travel distant, and across the valley, about eight miles, and to the hills, or mountains rather, of Moab, on the other side, which appeared as distinct as the hills in Norwich, about Mr. Goddard's old church .

From the summit of Lebanon, from 10.000 to 11.000 feet high, which I have often crossed, the prospect is unbounded and most magnificent. As to the age of our planet, without historic influence, or agency, you can literally almost 'see all the Kingdoms of the world and the glory thereof.' You are in the center of the old world—its cities, its battle-plains, its 'great sea' all lying at your feet; and instantly you expect to see Egyptian and Assyrian, Jew, Persian, Greek, Roman, and Crusader, marshalling their forces and marching on to battle. The heavens are marshalling their forces at night; the great dome being in a blaze of glory. So splendid is the night that I walk about in the corridor of the Hotel almost every night, to gaze and admire.

From the middle of April to the last of October there is no rain here; seldom, even the smallest shower or a slight sprinkling.—About the middle of November showers become somewhat common, but the 'rainy season,'—the Biblical 'early rains,' does not set in until December, when for about three months, it rushes down in daily showers, or else pours in long and cold storms. Then, however clear the sky may be, no man is safe in going out without an umbrella; nor has he much more than time to raise it before all is over. Snow falls upon the mountains, remaining upon the summits almost all of the year, and lower down for three or four weeks, with a depth of as many inches, and at the foot of the mountains, none at all except in sleet or hail. In the summer, and in September and October, the heat is not burning, but melting, on the plains; but it is cool and delicious on the mountains, to which all Americans and Europeans are obliged to repair.

As to diseases,—Consumption is seldom known. I have not seen, or heard of a dozen cases, or indeed half that number. Intermitent fevers are common; and also rheumatism and pleurisy, owing to the dampness of the houses in winter, the porous stone of which is saturated with water. Bronchitis I have not known, nor have I heard of a case of Scarlatina. Few cases of deafness occur, or of Insanity; and people never commit suicide however great their miseries and misfortunes. I have seen only one club-footed man, and, in a country of such precipices and unuterable roads, it is rarely I see a man with a broken, or amputated limb.

But there are two diseases which are terrible: *ophthalmia* and *leprosy.* The number of blind, in one eye or both, is incredibly large, the reason of which is the power of the sun in this clear atmosphere, or more generally, the power of dirt and filth on the faces and in the eyes of infants and children, which are seldom washed for years by their loving mothers. Flies collect in crowds about so much putrefaction, sometimes working like a swarm of black bees, hanging on to the eyelids, whose feet and probosces produce inflammation, which is followed by the cataract which covers the eye. The aspect of these poor wretches is most pitiable—sometimes led about singly, sometimes marching in crowds, but more frequently, sitting at the wayside as beggars.

The Leprosy is as incurable now as in the days of the patriarchs and apostles. There are not many cases in Syria, but I saw many in Jerusalem, in their quarter of the city; and also, at the gates, holding out their hands for charity. One joint drops off after another: the fingers, the toes, the nose, the ears and the eyes, the poor victim seeing death approach steadily nearer and nearer the citadel of life without the least power to prevent his march, or retard it. The physicians of Jerusalem told me that they did not receive the victims into the hospitals, or attempt to cure them. Still there is little pain endured, as the disease induces a certain numbness; nor is the disease contagious. It is hereditary, and yet, with a knowledge of the fact, the victims of the horrible disease will marry.

The plague has been superseded by the cholera, which breaks out every year in one direction or another, and is frightful as it sweeps over the city. In six weeks it carried away 700 people in Beruit alone, and the people who were able, fled to the mountains, and left the city a solitude. No cases occurred four miles beyond the city bounds.

The native physicians are few and utterly ignorant of medicine, anatomy and physiology. They *bleed* every one, and in all cases, and give 'herb drinks,' this is all excepting many acts of superstition. European physicians are much respected and any one can find ample practice. I have urged the missionaries to establish a medical school and give lectures, which would aid alike civilization and christianity. There are not so many old people here as with you. I seldom meet an individual of eighty years.

Hoping to shake hands with you shortly,

I remain your friend &c.,

HENRY WOOD."

TREATMENT OF MENORRHAGIA WITH ERGOT.

By J. McF. Gaston, M. D., Columbia, S. C.

The capacity for reproduction on the part of the female organization is manifested by the regular recurrence of the catamenial discharge; and all deviations from the normal condition of this secretion are attended with a corresponding influence upon the health of the subject.

It has been said that "*propter uterum mulier est*," but we may emphatically pronounce that the health of woman depends on the secretion of the womb, and it is consequently of great importance that this should be corrected whenever any derangement as to quantity or quality may occur. Our degenerate age is marked, to a very great extent, by a decline in the constitutional stamina of females; and with this deterioration of strength and power of body, we find that the menstrual secretion is vitiated, and, in many instances, appears in undue quantity, and at intervals shorter than the natural period. This state of the uterine system depends frequently on the condition of the general health; but there are not a few cases in which the impairment of the health results from the irregularity of the menstrual evacuation. There is a mutual action and re-action between the general system and the uterine function, which induces a reciprocal unfavorable influence from any disturbance in either; and it is very difficult to determine in which the abnormal action has originated, or to distinguish cause from the effect of disease.

In a practical view of the disturbance of the catamenia, we may consider it as an effect of an impression unfavorable to the proper performance of this function, and emanating from the general system, without investigating the remote cause of the primary derangement. The proximate or operative cause of disorder is the object of consideration in the treatment of this affection, and that is to be found in the relation of the uterine function to the general system, which is above alluded to.

Menorrhagia consists in a too copious or too frequent discharge of the catamenia from the uterus, and is associated with different conditions of the physical strength, and assumes a different character, according to the age of the subject.

The plethoric patient may have a profuse menstrual discharge from active determination to the uterus. The anæmic patient may suffer from an atonic and relaxed state of the uterus, which permits a free and inordinate evacuation at the period of the catamenia. Again, there is a condition in which at times the discharge is less than the normal standard. and, at others, very much more than natural. This has been especially observed towards the decline of the menstrual function, and is the great source of trouble and apprehension during what is termed the "critical period" of female life.

The most general division of the cases of menorrnagia is into two classes; the one consisting of an active determination to the organ, and assuming very much the characteristics of uterine hemorrhage; the other being the result of an atonic state of the organ, and manifested by a passive discharge of a sero-sanguineous fluid from the uterine cavity These very different conditions require a general treatment at the outset, suited to the indications of each individual; but after premising such measures, the direct appliances for the relief of the uterine derangement may be very similar, if not identical, in the various subjects. We have an article which has a specific contractile power over the fibres of the uterus in the impregnated state, and it has long been resorted to for the purpose of promoting the expulsive contraction of this organ; but it is not so generally recognized as an agent of importance in imparting a tonic contraction to the tissues of the uterus in its unimpregnated state.

The object of this paper is to draw the attention of the profession to the properties of Ergot, as regards the condition of the uterus in menorrhagia; and although I may propose nothing new, I trust that something useful may be impressed on the minds of those who have such cases to treat. Those who are familliar with the work of Churchill, on the diseases of females, will have observed how much importance he attaches to the Ergot in the management of the various forms of menorrhagia; and, after suggesting other measures, he seems almost unconciously to rely on the efficacy of this article, when there is much difficulty in controlling the discharge. It is somewhat out of taste in Dr. Meigs, to make no reference to Churchill's views on the use of this article, and that he should speak of using it as if deduced from a consideration of its properties as recognized in reference to the gravid womb; but his practice goes to confirm the efficacy of Ergot in menorrhagia, and he will be regarded as good authority on the treatment of females in this country.

Other standard authors might be adduced in corroboration of the above writers, but I presume that medical men are fully aware that this article has been tried, approved, and recommended as a remedy in menorrhagia, and all that is left for me to do is to bring home the truth, by presenting some facts which have fallen under my personal observation.

I first used the secale cornutum in menorrhagia in 1846, for the relief of a young lady, who had suffered with profuse flow of the menses for a considerable period; and from being a robust, active girl, had become a pale, weak woman, by the exhaustion of this too copious discharge. The Ergot was administered with proto-carb. iron, in doses of grs. v. each, three times a day, with complete and permanent arrest of all unpleasant symptoms; and the lady subsequently married, and proved fruitful.

After that time I used this course of treatment in various cases, premising such measures as the general system seemed to require, and it was uniformly attended with a good result.

During the past few years my attention has been more specially directed to the affections of the uterus, and a number of cases of this nature have been prescribed for in my immediate sphere of practice, and also in several instances from other sections, when the ordinary means had proved unavailing. It is gratifying to me, and it may give encouragement to others, to state that the Ergot has been attended with a salutary result in every case of menorrhagia in which I have prescribed it. I have given an infusion, latterly, in conjunction with the mur. tinct. iron, which is a more eligible formula than the powder and proto-carb. iron, which was previously used, and my impression is, that the mur. tinct. iron has a controlling influence over the discharge, independent of its general tonic effect on the system. I have given three times a day tinct. fer. chl. gtts. 20, in a wineglass of an infusion prepared by adding half-pint of boiling water to pulv. secale. corn. ʒij. during the full period of menstruation, and lessened the quantities to one-fourth in the intervals. There may be reasons in the individual case for varying the proportions, or for dispensing with the preparation of iron entirely during the flow, and each practitioner will judge for himself as to the circumstances. The Ergot is not precluded by constitutional irritability, or even by arterial excitement, as it has been satisfactorily proven to have rather a sedative effect on the general organization; and hence it may be used, even when there exists an active determination to the uterus, for the arrest of menorrhagia, without a previous resort to the lancet, unless this measure be indicated from other considerations.

I have combined Valerian with the Ergot in cases where much nervousness was present; and when there was great pain, the opium has been added with advantage. There are other articles which may promote the salutary action of the Ergot, but the restraining of the hemorrhagic disposition at the menstrual periods depends chiefly on the influence of this article.

There seems to be a great tendency to menorrhagia about the period when the function of menstruation begins to decline; and several interesting cases of this nature have been under my care during the past year. One was a lady residing at a distance, who had been at different times prostrated in bed from the recurrence of this discharge, after being suspended for several regular periods. Various measures had been resorted to without any benefit, when, the history of the case being communicated to me, I sent by letter the prescription of Infusion of Ergot and mur. tinct. iron, which afforded prompt and permanent relief. This lady was the mother of a family, and about forty-five years of age.

Another case of a lady considerably younger, being about thirty-five years of age, indicated this critical irregularity, and I was called to her during the profuse flow at one of the returns of the discharge. In this instance there was great pain connected with the menorrhagia, and opium was combined in full doses with Ergot, for the relief of the patient. I found a most salutary result from this treatment.

In still another subject, about the age of forty-five, the discharge came on at irregular intervals, and at times in such quantities as to confine her to the bed for a length of time; and it was attended with a great degree of nervous irritability. To meet this complication, the Valerian was combined with the Ergot, and they proved entirely efficient in controlling the symptoms, and by repetition at the recurrence of the discharge, all unpleasant features were obviated in future. The health of this lady has since been much improved, and there is no probability of further trouble from the menorrhagia.

I have adverted to these cases in illustration of the views which are above presented; and other cases might be adduced in attestation of the efficacy of this agent in the various derangements coming under the class of menorrhagia.

A patient has been prescribed for to-day, whose regular menstrual period occurred two weeks ago, attended with the ordinary discharge, but she is again "*unwell*," and I have prescribed Ergot, grs. v., to be taken every four hours, until six powders are taken. I confidently expect the discharge to cease under this course of treatment, and the quantity will be increased to-morrow, if the present dose does not arrest it.*

April 12th, I was called to a patient with profuse menstrual flow at the regular period. Ergot, grs. 5, was ordered three times a day; and on the 15th, finding that the discharge continued, with decrease of general strength, the quantity of Ergot was increased to grs. 10, and tinct. chl. fer., grs. 20, given in addition three times a day, which arrested the discharge forthwith. On the 16th, the tinct. iron was reduced to fifteen drops, and on the 17th, to ten drops, in which quantity it has been continued, without the Ergot, to the present time, April 24th. My patient informs me that there has been no return of the menorrhagia, and that her strength has materially improved; but as she presents a rather anæmic appearance, I have advised a continuance of the tinc. chl. fer., gtts. 10, three times a day, until the health is entirely re-established.

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* The treatment of this case was commenced on April 10th, and the discharge had diminished on the 12th, but there was increase of pain, for which tinct. opii., gtts, 60, was administered with good effect. On the 13th, tinct. chl. fer., gtts. 10, was added to Ergot, grs. 5, and given three times a day, until the 16th, from which time mur. tincture of iron was given alone, three times a day, until the 20th, when all treatment was suspended, and the patient resumed her ordinary duties.

A state of things, somewhat similar to menorrhagia, occasionally ensues within the second month after delivery; and although it may be regarded as a hemorrhage, there are no coagula present in the sanguineous discharge, which continues to enfeeble the subject.—Under such circumstances, the Ergot and Iron have been used by me with the best effect, stopping the waste of, and restoring strength to the patient in a short time. Of course, there is no practical importance in drawing a distinction between a profuse flow of the menstrual fluid and a sanguineous discharge which is substituted for it, as they require the same treatment; but there is a discrimination, under certain circumstances, to be made between menstruation and hemorrhage, which is of vast consequence to the patient and to the physician. This is the diagnosis of hemorrhage during pregnacy, as contra-distinguished from uterine hemorrhage under other circumstances, or from the profuse flow of menorrhagia.

The Ergot is contra-indicated in pregnacy, unless it should be desirable to dislodge the fœtus. In a case of hemorrhage, about the fifth month of pregnacy, which threatened to prostrate the strength of my patient, I gave the Ergot, in doses of grs. v., with opium, gr. i., every two hours, with a hope that the tonic contraction of the uterus might arrest the hemorrhage without expulsion of the fœtus, but with the full conviction that the safety of the female warranted the risk of premature delivery, and only three portions were taken when the child was expelled and the hemorrhage ceased. There is no obstacle to giving the Ergot in uterine hemorrhage just succeeding delivery; and when it results from want of due contraction of the womb, we have no article better calculated to arrest it.

But this does not belong to the scope of my paper, which is touching the use of the Ergot in the too frequent or the too copious sanguineous discharge of menstruation.

I am fully aware of the discrepancy of opinions existing amongst medical practitioners as to the potency of this article; but my personal observation convinces me that it acts with great energy on the womb, and I must conclude that those who have failed to procure decided effects from its administration have not given it in sufficient portions, or have used a specimen which had lost its strength. In no single instance have I administered the Ergot without its effects being manifested to a greater or less extent on the uterus; and I feel so strongly impressed with its efficacy in menorrhagia, that other treatment has been for the most part abandoned for that which I have above detailed. Knowing full well that this treatment is recognized by high authority, and yet is not generally adopted by our physicians, I trust that this outline of my experience may encourage others to give it a thorough trial.—*Charleston Med. Journal.*

NOTES UPON GLYCERINE.

By Frederick Stearns, *Pharmaceutist.*

In a pure state, Glycerine forms a nearly colorless and very viscid liquid: sp. grav. 1.27, without odor, of an intensely sweet taste, mixing with water and alcohol in all proportions, but insoluble in ether.

That obtained by distillation under the new patent process of Price and Company (London) is entirely free from lead, earthy salts, and from bad smelling volatile fatty acids, which are present after the usual processes of refining, in ordinary Glycerine obtained from lime saponification, and in the process of lead plaster making.

The applications of Glycerine depends mostly on its remarkable solvent powers, its property of absorbing moisture, its bland and soothing character as an application to injured and diseased surfaces, and its nutrient qualities. As a fattener it is likely to be a useful adjunct to cod liver oil.

It has considerable power in preserving animal substances from decay, and fixing their colors. The advantages of using Glycerine as a solvent and excipient are many.

Its solvent power very often equals that of water or alcohol, and even is sometimes greater; it can be mixed with alcoholic and aqueous solutions, it is not subject to changes, particularly it does not become rancid, its preparations may be used like any oily embrocation; they will be readily absorbed by the skin, which afterwards may be washed with a little water. Wounds, after they have been dressed with such a preparation, may be easily washed out with warm or even cold water; surgical instruments may be cleaned with much less difficulty.

It dissolves the vegetable acids readily. By the aid of heat one part of tannic acid may be dissolved in four parts of Glycerine.

The Sulphurets of Potassium and Calcium dissolve in ten times their weight of Glycerine These solutions must be kept from the air, and are readily decomposed by the addition of water.

Iodine and the iodides generally, are readily taken up by this substance. The Iodide of Sulphur, insoluble in alcohol or water, dissolves one part in sixty parts of Glycerine. One part of Iodide of Potassium requires but three parts of Glycerine for its solution.

Dr. Gage, of New Hampshire, recommends an Ioduretted Glycerine in skin diseases; prepared in this way: one part of Iodide Potassium is dissolved in three parts of Glycerine and one part of Iodine added, which completely dissolves; in employing it the application of it is covered with a paper of gutta percha to prevent the evaporation of the Iodine.

It is suggested that by dissolving in Glycerine, escharotics and astringents such as Chromic Acid, Terchloride of Antimony, Pernitrate of Mercury, Iodide of Zinc, etc., which are used in venereal diseases, that their action could be made to continue longer and be under the control of the physician better than when used in aqueous solution.

Glycerine dissolves when heated 1-40th of Sulphate Quinia, which forms, upon cooling, a transparent gelatinous mass.

It forms solutions with most of the delliquescent salts, sulphates of Potassa and Silver, the alkaline chlorides, Potassa, Soda, Baryta, Strontia, Bromine and even Oxide of Lead. It dissolves or suspends the vegetable alkaloids in the same manner as the aqueous liquids, the solutions may be used for the same purposes as though mixed with oil. The salts of Morphia, Brucia, Strychnia, Veratria, and most preparations of the same order dissolve in it completely even when cold, all when hot, but when cold separate into clots, which when triturated with the supernatent liquid, give it the consistence of a cerate very useful for frictions and embrocations.

One part of Bin-Iodide of Mercury requires three hundred and forty parts of Glycerine for its solution.

Five parts of Glycerine and one part of Gum Arabic form a transparent mucilage. One part of Glycerine to three of powdered Gum Arabic unites to a thick mass which when spread adheres well and is very flexible, a few drops of Glycerine added to the court plaster mass makes it pliant and prevents the spread plaster from cracking.

Glycerine mixed with an equal part of tar, and strained, forms a tar glycerole of a dark amber color, strong smell, and oily consistence, serviceable in some skin diseases.

Equal parts of Ammoniac and Glycerine unite to the consistency of plaster, one part of the first to seven of the latter forms a cream like Glycerole which may be strained through linen and does not separate.

Camphor is only soluble in it one part to four hundred.

Glycerine, it is believed, would form a better absorbent of the active principles of fresh plants than fats, in the making of ointments, because in addition to the clorophyll, wax, aromatics, and coloring matter, which fats only take up, the Glycerine would take up or dissolve besides these the gum, sugar, tannin, extractive matter, watery juices, alkaloids and the aroma.

One part of Glycerine added to fifty parts of Collodion imparts to it flexibility and elasticity.

As it is a solvent of Urea and Phosphate of Lime it is suggested as a solvent of Urinary Calculi by injecting it into the bladder, where from its blandness it should not cause irritation.

Its properties of soothing and keeping moist the skin have caused it to be used upon chapped hands and sun burnt faces.

It has been proposed as a substitute for syrup in preserving fruits, and mixed with alcohol or pyroxylic spirit, as an economical fuel for spirit lamps.

In the preparation of several medicines, Glycerine may be substituted for sugar, preserving them from change and improving the taste. Griffith's Iron Mixture is mentioned as an example of this.

Glycerine was first introduced some ten years since as a new remedy for certain cutaneous diseases, by Mr. Startin, its usefulness depending upon its bland nature and capability of resisting evaporation at considerable temperatures. A lotion to half an ounce to six of water effectually prevents the skin from becoming dry, it is added with advantage to poultices and also to baths.

Mr. Startin speaks of its use chiefly in *psoriasis*, *pityriasis*, *lepra*, *and ichthyosis* in which he describes it as producing excellent palliative effects, it keeps the part moist and prevents the formation of scabs.

It can be used somewhat diluted with water in *burns* and whereever it is desirable to prevent the drying influence of the air from irritating an exposed surface. Heretofore, the principal reputation Glycerine has attained as a medical agent is due to the remarkable effects said to be produced by it in restoring the power of hearing in cases of confirmed *deafness*, but the later experiments of Dr. Wilde fail to confirm its value, though doubtless it is valuable in lubricating the auditory canal in those cases of deafness where a dry condition of that canal exists.

As an internal remedy, Dr. Crawcour, of New Orleans, introduced it into use. He employs it in all cases where he formerly employed Cod Liver Oil and with better effect, it possessing all the remedial virtues of the matter, without disordering the digestion. It has been employed in phthisis and scrofulous disease with marked success. In addition to its anti-strumous property, it aids in assimilating the Salts of Iron, especially the Iodide. The dose administered is from one to three drachms, three times a day in water; in those doses it in a short period relieves the cough, improves the digestive powers, and increases the deposition of fat.

Dr. Crawcour suggests that hot Glycerine will dissolve Phosphorus in the ratio of two grains to the fluid ounce and considers the resulting glycerole of Phosphorus as much superior to the common Phosphorated oil, from the effect of this solution upon himself he is of the opinion that in this form Phosphosus more readily enters into the circulation and manifests its peculiar stimulant action; he thinks ten to thirty minims sufficient for a dose. More recently Dr. W. L. Lindsay, (Perth, Eng)., in order to test the nutrient properties of Glycerine tried its effects upon himself by taking two or three spoonfuls daily for several weeks, the result was a gain of two pounds in weight in one month. On discontinuing the Glycerine, his weight gradually fell until after an interval of six weeks he found himself one pound lighter than when he commenced the use of it.—He also tried it as a dietetic remedy along with various articles of food. Pure Glycerine is so intensely sweet that it cannot be used alone but should be diluted according to the purpose for which it is prescribed. Coffee when partially sweetened with Glycerine, in addition to common sugar is pleasant and free from any peculiar taste. It can be used to sweeten tea or milk though it is therein more readily detected. Its admixture with water is palateable and is probably its most convenient form of administration. Dr. Lindsay further observes, 'I carefully observed its effects as a nutrient and alterative in eight patients—four males and four females, to whom it was given in doses of two or three tea or tablespoonsfuls daily for the space of one month.

They were weighed at intervals to ascertain their gain or loss of flesh; for I found that apparent physical improvement was not a reliable criterion of real physical growth—that a most marked amelioration in the general health did not always coincide with increased weight of body. All the patients before taking it were more or less anæmic, emaciated and feeble; in all, their diet, exercise, and occupations, were otherwise the same. At the end of the month all of them *appeared* greatly improved in their general condition; they seemed plumper and stronger, and the countenance in some, was even ruddy.'

The following formulæ are from the Northwestern Medical and Surgical Journal.

'For cases of Tubercular Disease in its early stage before the cough is accompanied by much expectoration we frequently prescribe :—

℞. Glycerine—two fluid ounces.
Iodide Potassium—one drachm.
Sulph. Morphia—two grains.

Mix and give one teaspoonful, before each meal and at bed time.

If the disease is farther advanced and expectoration more copious with rapidly increasing emaciation, we prefer the following :—

℞. Glycerine—two fluid ounces.
Syrup Iodide of Iron—one half fluid ounce.
Sulphate Morphia—two grains.

Mix and give one teaspoonful, every four or six hours.'

Startin's formulæ for Glycerine Liniment :—

Take Glycerine—one fluid ounce.
Powd'd Tragacanth—one fourth to one half oz.
Lime Water—four fluid ounces.
Rose Water—three fluid ounces. M.

As a liniment or embrocation in *prurigo*, *lichen strophulus*, *lepra*, *psoriasis*, *pruritus*. *&c.*

Startin's formulæ for Glycerine Lotion :—

Take Glycerine—one half fluid ounce.
Diluted Nitric Acid—one half to one fluid drachm.
Subnitrate Bismuth—one half drachm.
Tincture Digitalis—one fluid drachm.
Rose Water—Seven and one half fluid ounces.

M. As a lotion, (to be used by dabbing the part) for *chapped nipples* or *hands*, *fisures of the lips*, *irritation of the skin* of any kind, exposure to the sun, *pityriasis*, &c.

℞. Glycerine—one half fluid ounce.
Powd'd Borax—one half to one drachm.
Rose Water—seven and one half fluid ounces.

M. Used (by dabbing the effected part) in *Alopecia* following fevers; *in dryness or want of action in the scalp*, *thinness of the hair*.

℞. Glycerine—one half fluid ounce.
Aromatic Spirits Ammonia—one fluid ounce.
Tincture Cantharides—two fluid drachms.
Rosemary Water—seven fluid ounces.

M. As a lotion to be used with a wet hair brush once a day in *rheumatism* or *gout*, *neuralgic pains*, *sprains*, *bruises*, *stiffness*, &c.

℞. Glycerine—one half fluid drachm.
Comp'd Soap Liniment—one and one half fluid oz.
Extract Belladonna—one drachm.

M. As an embrocation to be used twice a day in the ordinary manner.

The writer of this article has prepared the following ointments for chapped skin, sunburn, etc., which from their elegant appearance and perfume have proved very acceptable to those for whom they were designed :—

Glycerine Cream.

Take White Wax—three drachms.
Spermacetti—one ounce.
Glycerine—three fluid ounces.
Oil Almonds (sweet)—six fluid ounces.
Extract Orange Blossoms—one fluid ounce.

M. Prepare after the method of Cold Cream.

Glycerine Jelly.

Take Powd'd Gum Arabic—one half ounce
Simple Syrup (3 oz. sugar to 1 oz. water)—four fluid ounces.
The yolks of three eggs.
Olive Oil (pale) four fluid ounces.
Glycerine—two fluid ounces.

Rub the Gum and Syrup well together, then add the yolks of eggs and when well mixed, add gradually the Glycerine and Oil, previously mixed together. Perfume to suit.

These preparations though properly belonging perhaps to the perfumer—form very agreeable methods by which to obtain the soothing influence of Glycerine in all irritable states of the skin.

In conclusion, though a variety of uses, actual and possible, for Glycerine have been mentioned, yet in considering its power as a solvent, its bland nature, its freedom from all irritant, exciting, acid, and fermenting properties, it is obvious that but few of its uses have been as yet developed, and it is believed that pure Glycerine is destined to become among the most valued of modern products.—*Medical Independent.*

THE NATIONAL HOTEL DISEASE—LETTER TO DR. D. H. STORER.

Dear Sir—You ask me for a statement of such facts as came within my knowledge, during my recent illness at the National Hotel, in the city of Washington, and since my return this spring, having reference to the somewhat peculiar disease, which, last winter seems to have invaded and depopulated that ill-fated house.

I comply very cheerfully with your request, because you are pleased to say, that by some possibility, which I really believe must be very remote, such a statement may do good hereafter, to somebody; although I cannot but believe that everybody in the whole community has already been treated to the facts, and to speculations, theories and conjecturers *usque ad nauseam*, upon this literally sickening subject.

I took lodgings at that hotel on the morning of Friday, the 30th day of last January, and had my meals there regularly during that and the following day. The third day I dined elsewhere, but returned in the evening to the hotel. During the night of this third day I was attacked with diarrhœa, but not very violently, having been compelled to leave my bed, I think only twice. Upon saying something about my illness, the next morning, to some friends and fellow-lodgers, I found, somewhat to my surprise, that a great number of the inmates of the establishment were in the same unpleasant condition with myself; in fact everybody about me was complaining of similar difficulty and derangements.

All this, however, occasioned no alarm or panic, for no one of the whole number seemed to consider himself very seriously ill.—Nobody, so far as I know or heard or believe, had then applied, or even thought of applying, for medical advice. I had not, nor did not then, nor for five days afterwards; and there were five or six gentlemen, with whom I spent most of the time for the four succeeding days, all of whom were as unwell as myself, who did not call in the aid of any physician. To show you how trival and unimportant all considered this disease, in its inchoate state, I may mention that I happened to be in a room with some ten or a dozen gentlemen, one of whom was Mr. Buchanan, the then President elect, who had himself been seized with it; and I remember distinctly that he and others remarked, that it seemed so mild in its character, one might anticipate a salutary and beneficial result to the general health rather than any evil consequences from its presence. A day or two after this, as there seemed to be no abatement of the disease, several of us applied to a neighboring apothecary, and were furnished with some astringent preparation, said to be a specific for such troubles, and we were temporarily relieved.

On Friday, just one week from my arrival, I had become satisfied that the atmosphere of the hotel was impure and dangerous to health, not to say pestilential; and I left it and removed to the dwelling-house of a relative and friend at the west end of the City.

The next morning, Feb. 7th, having had a renewed attack, with vomiting and pretty severe cramps in the feet, legs and hands, my friends called in their family physician, Dr. Hall, of Washington, who continued his visits for nearly three weeks, when I left for home. But at Baltimore I gave out, and was obliged to remain there two weeks more, before I was able to prosecute the journey to Boston. Dr. J. H. Buckler was my physician in Baltimore.

In attempting to give you some account of the character of this malady as it appeared to me, and to describe as well as I may, the general condition of those with whose cases I became acquainted, which I know I must do very imperfectly, from my great want of the technical language of your profession, I beg to premise, that all I have to say, relates to those persons who were made sick on the very last days of January and the first week in February. Of those who came afterward I know nothing, except from hearsay.

One peculiarity, to my mind, in this disease, has been *an entire abscence of pain*, from its commencement to its ending. I have never felt the slightest sensation of pain in the region of the stomach, nor in any part of what, I think, you call the great vital package, nor in the lower viscera, nor in any other part of my body, which could, in any manner, or by any possibility, arise from the action of this disease, from its first inception to the moment of this writing; and my own experience in this particular is the same as that of at least thirty others, with whom I have compared notes. One gentleman, adverting to this peculiarity, remarked to me that he thought it an altogether ugly symptom, and that he should be rejoiced to experience some sort of pain—colic pain—any pain, any sensation except that which seemed to be upon all of us—a very death-like torpor of the whole viscera, upper and lower.

The fæcal discharges in my case, and in all with which I was acquainted, were most copious, uniformly watery, frothy, and of a peculiar unnatural, acrid smell; in appearance as all agreed, like so much baker's yeast. These dejections were so abundant, expelled with such tremendous force, so entirely overwhelming, so extravagant and disproportionate to the quantity of food taken into the stomach in a given time, as to stagger belief, and to become as frightful as they were exhausting to the patient. We were all annoyed immeasurably with *flatulence*, with the abdomen strained to a drumhead tension, and with a sickening, disgusting, *swill-like* acidity of the stomach.

Unnatural *thirst* was another accompaniment. I have seen a statement in some newspaper, which declares that we all hankered after acidulated drinks. I can't speak for other parties, but what I desired, longed for, prayed for, dreamed of and thought of, day and night, was what, of course, I could not have—some good, pure, cold water from our own New England wells. A dreadful *nausea* has been, in my case, the very worst and most miserable attendant upon this complaint. I have felt it almost all of the time, from the first till now. If I were, even to day, to take an ounce of beefsteak, or that amount of any animal food into my stomach, my experience thus far is, that I should suffer for hours from this horrid nausea.

There is one other feature of this calamitous sickness, which seems to merit the attention of the medical profession; and that is its probable regular *intermittent* character. It recurred quite regularly, in my case, during the first five or six weeks, once in about three days, Since that time, the intervals between the attacks have been greater and much more irregular, and the attacks have been weaker and weaker as time has progressed. All agree that this regular and constant recurrence, again and again, after the patient had reason to suppose himself cured, it is as strange and unusual, as it is discouraging and disheartening to the party who suffers.—So far as my experience goes, I can bear witness that it has been the source of most intense and terrible suffering.

Perhaps, in this connection, I ought to say that one of the sufferers of the National has lately informed me that the skin has come entirely off his body, and that, for a long while, he felt as if covered from head to foot with scaly tetters. Another gentleman has told me that, in his own case, a disagreeable eruption came upon the surface of his body, and he dated his cure from that demonstration. In as many as three instances, unmistakeable evidences of *gout* have made their appearance, and this latter disease has progressed and receded *pari passu*, steadily, with the diarrhœa.

From a certain brilliant appearance of a particular joint of one of my own great toes, as well as from the great inconvenience I experienced in trying to wear a boot, or even to bear a stocking upon that foot. for a few days, I am strongly inclined to believe that this very gentlemanly but painful disease paid me, for the first time in my life a short visit. It has gone now, with all its pangs, twinges and throbs, and I could wish, with all my heart, that the other disease had gone in its company.

And now a word as to the origin and probable cause of this unfortunate sickness. There have been all sorts of speculations and theories published in the newspapers, and talked of in the streets of every City and Village in the country, as everybody has read and heard.

The first and boldest of these, and the easiest for people to talk about and write about, was *arsenic;* that we had all been fed upon food with which this poison had been freely commingled, or had been drinking daily or hourly a solution of arsenic and water, and perhaps both; that either this poison had been given to the rats, and that they had conveyed it to the water-tanks of the hotel, or that it was wickedly and maliciously mixed with the food and water for the purpose of destroying the life of the President elect of the United States, then a guest at this place. Some partizan newspaper editors, with very little charity for poor humanity, went so far as to suggest the probable agency of an opposite political party in this diabolical and fiend like plot. One editor asked, with great zeal and earnestness, why the black servants were not brought up and questioned; why the public authorities of Washington did not take the matter in hand and act vigorously and at once. The answers are very simple and easy. The sanitary board of the City have again and again examined the premises, and have made and published reports which ought to satisfy, and will satisfy, I have very little doubt, any reasonable mind as to the real origin of the disease. As to the inquiry about the black servants, the answer is, there were no such persons in the house. The servants were all of them Irish; and they are supposed to be, and I have no doubt they are, as well disposed and as friendly toward Mr. Buchanan as possible. Besides they were all of them made sick themselves of the same disease, the principal cook's case being much the worst.

I have no personal knowledge of Mr. Guy, the occupant, nor of the owner or owners of this house; but I can conceive of a motive—and an exceedingly strong motive—on the part of the owners or occupant, to desire that the public should believe in this theory of mineral poison as the cause of all the trouble, for then the same public would also believe that all could very easily be remedied.

But that any person or persons, from malice or sheer wantoness, could have deliberately, from day to day, procured arsenic or any other active mineral poison, in the necessarily very large quantities which certainly would have been required, and for the entire space of thirty or forty days consecutively, have mingled it or have caused it to be mingled with the food or water, or both, in use at the house, with the vague and wicked and hellish design to destroy the life of any body who might chance to taste food or drink water upon the premises, implies a degree of refinement in malice and a prodigal love of murder, of which there is no example, God be praised, in our times, in this country nor in Europe. Nor do I believe that a case of such deep and damnable depravity as this theory supposes, can be found upon the records of crime throughout the civilized world. Certainly it would go far beyond the worst of the hired assassins and poisoners under the vilest of the Roman emperors; it would exceed all the horrors of the secret and terrible agencies of the Borgias, and would scarcely find an equal example in the frightful exploits of that accursed, pitiful, heathenish villian, the Chinese baker of Hong Kong, whose murderous crimes have just been made public. As the idea of any attempt at poisoning from malice, in this case, is too revolting and too horrible to be entertained, in my judgment. so that of the conveyance of poison through any agency of rats is quite too absurd and altogether too ridiculous to be repeated.

But some people have insisted that the calamity was the result of *copper poison*, derived from the too much worn kitchen utensils.—Indeed, I saw a letter from a very intelligent source in Washington, saying that the homœopathic doctor of that City had had the charge of thirty patients, direct from the National; that he had treated them all for copper poison, and that in no case had there been a relapse of the disease, and they were all well. I called upon one of these patients, who is now in this City. He told me a very different story. He said that he had not yet recovered, that he had frequent returns of the disease, that the homœpoathic doctor, at Washington, attended him, treated him for poison by *arsenic*, that he had been treated for poison by *arsenic* since his return to Boston, and that he believed to this day, that he was poisoned by *arsenic*.

I heard of this story of the copper poison at the time. I believe that the kitchen utensils were examined, and found to be all perfect. I was so informed at the time, and I believe it to be true. If they were otherwise, how easy it would have been for Mr. Guy to have replaced them; and as the receipts of this house, at the time of the outbreak of this sickness, must have been some thousand dollars a day, and as he had every reason to expect they would be increased, for the next six weeks then to come, it seems to me he would have appropriated something to these necessary repairs. One day's receipt for that house during and near the President's inauguration, would have supplied ordinary kitchen furniture for every place on Pennsylvania Avenue, from the White House to the Capitol. But I imagine nobody believes we were poisoned by copper.

For myself, I have no remaining doubt as to the real origin of this disease. I believe it is attributable exclusively to the poisonous gases from the sewers of the house and street, aided, it may be, by the deleterious and very offensive effluvia from the vaults under the building. I believe this noxious vapor was driven back upon and into the cellar by the sudden rise of the Potomac, into which the sewer should empty itself. It broke out directly after three very warm days, during one of which the rain fell copiously for twelve hours, and during which time the river rose very rapidly.—Diseases of a similar character have often been known to originate from a similar cause. I remember that the first cases of Asiatic cholera ever reported in Boston, in the year 1832, occurred in Elliot street, and were said to have originated from the opening of a sewer. In Baltimore, a few years since, upon a return of the cholera to this country, the citizens had, in a most spirited manner, cleaned their streets and vaults, and kept themselves free from the scourge, while their neighbors were suffering: when, suddenly, this dreadful pestilence made its appearance in the almshouse. Upon making an examination, it was found to arise from the foul air in a drain,—This was made clean, and the disease disappeared. In Charles st., in this City, two men were made very sick with symptoms much like those which I have just been describing in my own case, from incautiously opening a drain containing poisonous gases. The cholera, or some disease nearly akin to it, made its appearance in our own penitentiary, in Charleston, when there were no other cases known in this vicinity. I am told that it sometimes happens in dissecting rooms, when the subject under the knife has become decayed or offensive, that the more sensitive of the class are apt to be seized with a disease similar to that of the National; so that upon this last theory we are not altogether without precedent and analogous causes.

But I have already written quite too much upon this now worn-out subject, and I am very certain you will be glad to find that you have reached this, my last paragraph. With great respect, I remain

Your obedient servant,

Boston, May 20, 1857. ISAAC O. BARNES.

[*Boston Med. & Surg. Jour.*

PORK AND POTATOES: THEIR INFLUENCE ON THE BODIES AND MINDS OF OUR PEOPLE. WISDOM OF THE MOSAIC LAW.

"Scrofula," from Scrofa—a hog; see the Dictionaries.

The miserable and degrading mental feebleness with which the great mass of the people continue to ignore most subjects that effect their bodily health, until their ignorance overwhelms them with some great calamity, is certainly but ill calculated to give the health-teacher any high opinion of their intellect, or of the prospective value of his own labors to the public good. Our Lager Bier and Tobacco articles, have raised such a storm amongst the elegant and intellectual votaries of those delicious luxuries, as to show pretty clearly the tenacity with which his admirers will probably cling to the interesting quadruped of whose virtues we are now to discourse. Indeed the amiable creature fairly reciprocates the compliment of their devotion to lager bier, by partaking of one portion of their favorite beverage, (it is true under the domestic inconvenience of somewhat contracted accomodations and a limited and compulsory bill of fare), but with gratifying gusto and a still increasing fatness, so much appreciated by its biped admirer. There is an evident unkindness, however, yet we can not but think it creditable to the æsthetics of the quadruped, that he carries the compliment no further than the acceptance of a portion only of the lager bier, as a diet drink, and refusés the tobacco in toto; a better physiologist than his master, he declines the intoxicating portion of the beverage, and can find none of his bodily wants supplied by—smoke; the refuse of the still and the brewery, the poor fellow is constrained to take from necessity; but it passes the art of the great tyrant to make him chew or smoke; in that he surely shows the superiority of instinct over education; nor do we think we slander the gentlemen who improve their classic outlines, and dignify their steps by lager, when we compliment the quadruped for the superiority of his taste; it evidently serves him far better than that which cannot recognize the strong and acrid taste of the tobacco necessary to bring the precious beverage up to the gradually fuddling point, without which the consumer would loose his relish for it. We defy any man whose palate is sufficiently undefiled to relish a piece of wholesome bread or good beef, not to taste the acrid tobacco in many samples of the beverage; with a glass of Croton in hand ready to rinse the mouth, we have repeatedly detected it, and men of sound observation who have abandoned the pernicious drink, have often assured us that the effect of such drugged specimens is exactly analogous on the brain, to the first effect of tobacco before the system has become accustomed to it; put as much tobacco into his allowance of swill as would strengthen the lager bier up to the fuddling point, and you will soon observe the superiority of instinct over education; our life for it, the quadruped will give you an expressive glance of reproach, and refuse the proffered boon at once.

It seems, however, that this sagacity is not proof against the infernal machinations of his Western keepers; or what is more likely, that the tyranny of man has constrained the hog to eat what his instincts would teach him to refuse. We learn from our exchanges that great numbers of hogs have died in the neighborhood of Cincinnati, and indeed all over the West, from an epidemic disease analogous to cholera. Such has been the awful havoc amongst them, that we wrote to the editor of the *Erie City Dispatch* for reliable information, well knowing that we should get it from so fearless and independant a quarter. Before we received his answer, which we give below, we learned that the Legislature of Ohio had passed a law rendering it a penal to put strychnine amongst the grain from which they distil whiskey! (it having been found that a vast increase of strength and intoxicating power may be given to liquor made by this process); the poor hogs were dying in vast multitudes from eating the swill, whilst the human consumer remained entirely unsuspicious of his danger! Oh! ho! thought we, gentlemen of the Lager Bier trade in Cincinnati, amiable philosophers and good Christians, are you still preparing to drown our poor body in that barrel of lager, or to hoist it on that horrid pole? You have, it seems, a far more powerful enemy near home; the Legislative scalpel is too sharp for ye: ye will have to look out for some new dodge. Our friend of the *Dispatch* answered our inquiry by a letter detailing the losses at the various pens, to the number of tens of thousands, worth, when fat, six hundred thousand dollars! He says: "We publish a short account of the Hog-Cholera to day, from the Pittsburgh *Dispatch*, to which we ask the attention of the reader. We here wish to observe that but few people know, when they are eating pork, particularly that which has been fatted at large or in distilleries, the amount of disease and nastiness which they are taking into their stomach. You know that you are eating *hog*, but you do not know how much scrofula, erysipelas, and in many instances, the very elements of worse disease. Whole families sometimes live almost entirely on *hog*, and if the children are troubled with watery sores around the mouth, swelling and inflammation in the glands of the throat, the poor things have fever blisters, and have taken cold, which *settled in the neck!* or if they die with the croup, *Providence did it!* If anybody has ever killed a *hog*, and found an abscess of matter in the neck or near the kidneys, or with all the internal organs studded with tubercles, which we have seen packed for Eastern use, they have only put out of the world a miserable mass of scrofula; they did not kill anything fit to eat—nor would they, had the hog been healthy; and those who pride themselves on killing and eating *fat hogs*, must not be surprised if they swell up and burst. A *fat hog* is the quintessence of scrofula and carbonic acid gas; and he who eats it must not expect thereby to build up a sound physical organism. While it contributes heat, there is not a twentieth part of it nitrogen, the base of muscle."

This is sound practical truth. Fat pork was never designed for human food; it is material for breath, and nothing more; see Liebig and other organic chemists and physiologists; it makes no red meat or muscle; the prize fighter is not allowed to eat it; all that is not consumed by the lungs, remains to clog the body with fat.—As long ago as our twelfth number we explained all this in an article entitled "Fat and its Uses." We cannot go over that ground again, but must be excused if we repeat in this place the sentiment advanced in that article, namely, that the man who is not acquainted with the elements of the body, and the actual value of the various articles of food that sustain it, occupies a position about as dignified as he who does not know the laws of his country, or who resigns the care of his soul to a Roman priest. The popular idea of boils and other unsightly eruptions being produced by an excess of grease in diet, is undoubtedly correct; notwithstanding the vital necessity of a good portion of wholesome beef and mutton fat and butter, in all persons who are of low degree of life force or at all inclined to scrofula. We have most extensively treated that subject in many of our past numbers. Suffice it here to say, that fat is a vital necessity, and none can be healthy without it; but it requires a corresponding degree of exercise to throw it off by the lungs; its specific purpose in the economy is to supply material, that is, carbon, for breath, and to prevent the too rapid waste of the red meat or muscle of the body, which must and does take its place when the fat of the body is all consumed, and the individual eats none, or not enough to supply the waste by breathing.

We have said that fat never makes muscle, and we also aver that it does not give life force or capacity to endure fevers, and especially cholera. The carnivorous animal gets large supplies of nitrogen which is the basis of red meat that it eats; it has comparatively little fat, and it runs of that little very soon, and requires some fat in its food to produce more; this it gets from its prey; ready-made muscle is its food; the Arab of the desert, and the American Indian are both lean from exercise; they rapidly consume their fat.

The hog, when fed by potatoes and kept quiet, makes little muscle but much fat; the Irish women are inclined to indolence, and eat excessively of potatoes; they are usually fat; it is the experience of every practical physician that they die rapidly from fevers and cholera, whilst the miserable lathy American stoutly resists both, and far oftener recovers; the puffiness and watery looking fatness of paupers and old prisoners who use a pure vegetable diet, and little or no exercise is remarkable; the cholera and typhus fever scourge the prisons awfully. We have seen eleven deaths in one morning, in the year 'thirty-two, at Bellevue, of cholera. Luxurious people are never strong. Activity and flesh eating give life force. Indolence and vegetable eating decrease it. Whatever the cause may be of the tremendous mortality among the hogs, now existing at the West, it is very evident it is a deficiency of organic or contractile power, for they die of diarrhœa, and the general resemblance of the symptoms has given the disease the appellation of Hog Cholera.

The wisdom of the Jewish law which prohibits the use of pork, will soon be acknowledged by all rational beings. That swine are afflicted with scrofula and tubercles, we have repeatedly shown; and every killer of hogs well knows it; the indigestibility of the flesh is acknowledged, and if people were enlightened, the hog would only be raised for his fat alone; this is available in all cases instead of whale or fish oils, and will doubtless be made so in place of vegetable oils; a few excepted of the finer kinds for eating. Mutton and beef, if our farmers ever become enlightened, may profitably take the place of the hog, and would add greatly to the health and dignity of the farmers household. Hog husbandry is debasing. The influence of pork eating on the farmer is degrading: neither he nor the slave would be able to accomplish his work by the use of it, that is, the fat part, without other food, as material for muscle. Good husbandry would furnish other fats for the farmer, to say nothing of butter, which the present catalogue of the grasses and cereals, and enlightened irrigation, would furnish in sufficient abundance.

And this brings us to speak of the influence of pork eating on the moral condition of our people. If, and we emphatically aver it a correct criterion, the material and getting up of the family meal classifies the occupant of a household amongst rational and intellectual beings, then we say that those on whose tables pork is most frequently found, are the least intelligent and most groveling in their views. We know distinctly the full bearings of what we utter, and precisely how it will be received, nor do we care a farthing for the antahemas that will be hurled at us for the assertion. The potatoe has done more to demoralise and debase Ireland and keep the inhabitants under a vile and designing priesthood, than all the extravagance of monarchy and the harlotry of the English Church. Nor would the poor Irish wretches seek heaven in the whiskey-bottle and at the confessional, if their miserable bodies were not exhausted of organic force by an unnutritious root, which requires nothing but a pair of hands to claw it from the earth, a few bits of peat to cook it, and the hard earth of the cabin, foul and damp with human filth, and often shared as a lodging room with the foul animal we speak of, as a family board. Dr. Pereira ranks it at only one tenth the nourishment of meat! What motive remains for his elevation, if a human being is taught to look no higher than such a repast for the nourishment of his body, and to the nearest priest for the welfare of his soul? Now compare this fairly with the slave and his hog and ash-cake, and the poor farmer, such we have often seen at the family meal—ay, as you may now find him all over our country, with his salt hog, potatoes, and sour rye bread, and his miserable husbandry, and thousand excuses for not raising sheep, protecting and feeding his cattle, and changing and cultivating his fowls and seeds, and attending carefully to a good vegetable garden. You need make but small search for his pig pen, his foul barn yard, his whiskey-bottle and tobacco-box, or his nauseous pipe. He will largely defend his beloved porkers, his system (!) of husbandry and his favorite luxuries; the hog is his grand exemplar of manners and physiologics, his omnivorous animal laboratory that converts the produce of his farm into his great staple—pork. Poor Sir Walter Raleigh, we have often shed a tear for your sad fate; but our wicked fancy has often pictured ye making an offering to the devil of a hog stuffed with tobacco. The devils, we think, selected a very appropriate lodgment when they besought the Saviour to send them into the hogs; it is a great pity that the entire family of swine were not comprised by that same two thousand; we should have thanked Heaven for their devotion to hydropathy.—*Scalpel.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, AUGUST, 1857.

CRIMINAL ABORTION; THE BOSTON MEDICAL AND SURGICAL JOURNAL AND ITS ATTEMPTS AT BULLYING.

We are driven to the conclusion that there is something about the Boston Medical and Surgical Journal injurious to the dignity and self respect of all who are connected with it, for in no other way can we account for the apparent change in its present Editors, who now bid fair to rival in coarseness and vulgar abuse their predecessor.

In our issue of last month we published an editorial upon Criminal Abortion, and the efforts at its repression now making in Massachusetts.

Our information concerning the matter, as we then stated, was gathered in part from published and official sources, and in part from conversation and correspondence with a personal acquaintance and friend, resident in that State.

In the course of our remarks we had occasion to allude to the strange inconsistency, as we were forced to consider it, of this Boston Medical and Surgical Journal, formerly an earnest advocate of this very reform, but now luke warm or silent, until compelled to apologise for, partially justify or explain, an assertion published in its columns, on its own responsibility, because anonymously and seemingly at variance with its previously recorded opinion. To this we had necessarily to allude, but we endeavored so far as the editors were concerned to use language that could rightfully give no offence. That language is on file, and to it we refer.

In return we have been most bitterly, and we consider most disgracefully assailed, in the issue of July 23rd; and so unreasonably withal, that we are more inclined to laugh than to be angry.

We confined ourselves in our article, which was intended merely to give our readers the history of the matter, to a statement of *facts*. Of their truth, corroborated as they have been, we have no question, and the abuse of our cotemporary has not gone far to disprove them.

We then willingly acknowledged, as we have just repeated, our correspondence with a party behind the scenes, who knew every effort that had been made for or against the movement now progressing, and on whose candor and integrity we can implicitly rely. We conceive that thereby we were guilty of nothing unusual or dishonorable, and we are not conscious of necessarily having displayed either gross ignorance or willful impertinence. To the implication that we are not competent or accustomed to write our own editorials, we might if we chose, retort by pointing to a seeming identity in style of the present attack of the Boston Journal upon us, with that objectional article of its correspondent "B."

That we expressed an unfavorable and indignant opinion of the paragraph in question, published as it was anonymously, we would submit, is no reason that we should be annihilated, or tried to be, by the sneers, abuse or false charges of these editors.

We were guilty of neither "partial representation, gross negligence or willful omission," in quoting the following from the stricture of "B." "Argue as forcibly as they may, the committee will fail to convince the public that abortion in the early months is a crime, and a large proportion of the Medical profession will tacitly support the popular view of the subject;" nor did we intentionally misrepresent its apologists. In proof of this, we as then appeal to their own words.

"We are willing to allow that this is capable of a construction which would imply a 'libel' on the profession, but is also capable of another, and which, to all who know either the writer of the article, or the editors of this Journal, will, we believe, be the one most naturally suggested."

We still hold that the latter of these causes, does not outbalance the first, and that of ten impartial readers, nine would have certainly accepted the former interpretation. Such was our impression before we had written or had heard a word upon the subject, and we are glad that "B." has been denounced by one of the New York Journals, as in this matter "heretical alike to truth and good morals." Are the Boston editors prepared to quarrel with all who have so thought?

Those editors we indeed believed were gentlemen, as they claimed; and on the supposition that they could not have written their late coarse editorial, we will still think so; but how could we, or any one be so confident of an anonymous correspondent, for who "B." is, was only subsequently and almost compulsorily acknowledged at a Medical Society's meeting, and has never yet been publicly known.

In exposing the variance from their former bold stand, at which our cotemporaries had placed themselves by admitting the article in question, we did not assert that they had in any wise changed their own opinion! We were aware of their subsequent language, which as we have repeated, did not and could not do away with the false and harmful impression that had already been given. We did not accuse them of subservience to outside pressure, or of cowardice, for we wished to apply no epithets to them, that could be objected to as personal. If we did imply that their language lacked the manly and eloquent fire it had two years ago, they must find fault with the *fact*, and not with us.

It is a matter sincerely to be regretted that two professional Journals, seeking as in this instance the same end, a great public reform, come by any means or mischance whatever, to an open misunderstanding. Still worse is it, when either of them so far looses its temper as to use language beneath its dignity, and that it will be sure sooner or later to be ashamed of. The best course for its antagonist (for what is more unreasonable than an angry man?) is to preserve a calm and pitying silence.

Its talk about "other people's business,"—"granitic retreat,"—"small condemnatory trumpet,"—"impertinence,"—"sapient writer"—and "crusades into the enemies country," may be considered keen and witty by the learned City people, but it sounds very childish and undignified to our plain country understanding; and in reply to the high minded intimation that we are not a good proof reader, we will plead guilty, and in consideration of their excellence in that department, and that their censure of us in that respect, is so much more just than as respects our facts, we feel bound to recommend for their own use, the chaste Latin maxim so kindly brought to our attention.

Upon reconsidering our former article, we see nothing to omit—nothing to modify. We are sure our comments will be endorsed by all our readers, who were, or who were not, on the ground in question, and as for our facts, they are still unimpeached.

In this matter we want no personal controversy, nor will we engage in one; but when it is attempted to put us down without due provocation, by personalities, insult, or heavy Latin quotations, we may justly reply in plain English, that "people who live in glass houses, should not throw stones."

James McClintock's Repentance.—We have been very considerably surprised at an occurrence which has come to our notice within the last few weeks, and especially surprised at the position taken by two of our cotemporaries in relation thereto.

Those of our readers who keep posted as to the doings of prominent Medical men, will well remember that James McClintock, M.D., who had long been a prominent teacher of Anatomy and Surgery, not only at Philadelphia, but at Pittsfield and Castleton, in New England, in the year 1853 abandoned the regular practice of his profession, and in connection with a company of speculators engaged in the manufacture and sale of what are commonly called patent medicines or nostrums, which were heralded as his productions and the results of his large experience.

But McClintock although sufficiently a knave, was too much a fool to compete with Brandreth, Moffat & Co., in swindling the community, although it is said he shrewdly overreached his copartners by securing an advance of $5.000 for his recipes.

The speculation has proved bad, and the quondam Professor comes out of the operation bankrupt in purse, as well as reputation. But of Impudence he has an inexhaustible stock, and we see him appear as an applicant for the very respectable position of Resident Physician in Chief, at the Blockley Hospital, in Philadelphia, and to the astonishment of every right minded man, he is appointed.—Through what sort of influences he attained this place, or what induces Dr. Reese, of the N. Y. Medical Gazette, and Dr. Bryan, of the Philadelphia Journal, to speak in favor of, and apologise for such a scoundrel, can only remain a subject of conjecture.

As a part of this necessitous and forced repentance, what profess to be the recipes for the nostrums vended by McClintock, & Co., are published in the above named Journals, thus adding insult to injury, by offering to the profession a lot of very ordinary and unscientific mixtures, which he has vainly endeavored to palm off on that most degraded portion of civilized society,—the consumers of quack medicines.

The Assistant Resident Physicians have resigned in a body, which is very much to their credit, for no honorable man can for the future, associate with James McClintock in a Professional capacity without self degradation.

We feel to express ourself strongly in this matter as we do not look at it merely as "the great error of his life" as urged by some of his friends, but as an evidence of a moral organization incapable of a proper appreciation of the beauty of right and truth, and the deformity and loathsomeness of vice and falsehood.

We can never look upon James McClintock but as a knave, and shall be in daily expectation of some betrayal of his true character whenever by so doing he can gain a temporary advantage, and we should feel as unsafe in association with him, as with any other naturally dishonest man.

HUMAN CRANIA.—We have before us a "Catalogue of Human Crania in the collection of the Academy of Natural Sciences, of Philadelphia."

This collection comprises the magnificent collection of the late Dr. Samuel George Morton with additions, comprising 1035 crania.

The catalogue is of much interest to all who have a taste for Ethnological science.

N. H. ASYLUM FOR THE INSANE.—The report of the Board of Visitors, Trustees, Superintendent, Treasurer, and Building Committee, is before us. From this we learn that, as heretofore, it is a self-supporting institution, the receipts for the last fiscal year being $27074.27, and the disbursements $26423.27, leaving on hand a balance of cash of $651.

The additions which have been in progress for the past two years are completed, and this is now one of the most perfect institutions in the country. The management of DR. TYLER has been signally successful, and his retirement is regretted by all who have an interest in the institution.

N. H. STATE MEDICAL SOCIETY.—We inadvertantly omitted the name of Dr. E. K. Webster, of Boscawen, who was appointed one of the committee to memoralize the Legislature, in relation to the Registration Laws.

The members are invited to make such suggestions in relation to alterations of the By-Laws, as they may desire, directed to Dr. Webster, who is chairman of the committee on that subject, at as early a day as practicable.

CONTENTS.

Original and Selected. PAGE.
Letter from Syria, ... 225
Treatment of Menorrhagia with Ergot, ... 228
Notes upon Glycerine, ... 233
National Hotel Disease, ... 238
Pork and Potatoes, ... 244
Editorial, &c.
Criminal Abortion, ... 248
James McClintock's Repentance, ... 251
Editorial, ... 253

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N. B. In compliance with the urgent solicitations of our numerous patients and the leading surgeons in New England, we have transferred our Springfield house to Boston, 19 Green-st. Henceforth our patrons will address, or visit us, at Boston or New York, as above directed.—*Pamphlets sent Gratis to all who apply for them.*

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(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 200.)

CHAPTER V.

Abscess of the Frontal Sinuses and Antrum.

Among those abscesses which occur somewhat seldom, may be ranked that of the frontal sinuses. It is attended with considerable discomfort to the patient, and, from its situation, it is not susceptible of very much in the way of treatment.

Symptoms.—Abscess of the frontal sinuses is characterized by a deep seated pain between the eyes, extending upward upon the forehead. There is a sense of pressure, and later in the disease a feeling of tension, as though the sinuses were very fully distended.—Accompanying these symptoms we get swelling at the eye brows, and tenderness to the touch. Not infrequently the inner half of each eye becomes congested, and both of them "feel lame." There is always more or less epiphora, and the voice is so far affected as to gain what is not inaptly termed the "nasal twang."

These symptoms become more and more severe until after the lapse of a few days—a sudden gush of matter from the nose relieves the patient, and recovery occurs rapidly.

Sometimes however this does not occur, and the sinuses being distended with matter, the interference of art is demanded.

Treatment.—Frequently there is little need of treatment. If the pain is severe it should be relieved by anodynes, and soothing topical applications. If the pain is persistent an attempt may be made to prevent the formation of pus. A blister applied over the sinuses, and the discharge subsequently kept up by a cantharidal cerate, may effect this. Should pus form it will usually be discharged through the anterior ethmoidal cells into the middle meatus and the case need no further attention.

Sometimes, although matter may have formed, it does not escape. This may be the result of mal-formation, or of some mechanical obstruction. Whatever may be the cause, the operation of trephining is the only thing which can afford relief. A point should be selected beneath the eye-brow, midway between the supra-orbital notch and the root of the nose, and an incision of sufficient length made. A small trephine, or a common gimlet, should be applied and directed backward, upward, and inwards. In this manner an opening may be made into the sinus, and the pus permitted to escape. The operation is free from danger, but there is sometimes difficulty in closing the opening owing to the fact that air permeates the cavity of the sinues.

If the opening is small there will seldom be any trouble in that way. The external incision may be closed by collodion, or a gentle compress applied over it.

The constitutional disturbance is almost always slight.

ABSCESS OF THE ANTRUM.

This affection is sometimes liable to be confounded with the last mentioned. If however the attack is acute, and of any moment there will seldom be any difficulty in the diagnosis. It is important because its consequences are sometimes serious. Deformity may result which will mar an otherwise fair face. Nor is this all, a persistent caries may occur which may even endanger the whole superior maxillary bone.

Meantime the patient's nose and throat may be deluged with an offensive and disgusting discharge.

An intolerable odor accompanies this, equally annoying to the sufferer and attendants.

Moreover we should the sooner take alarm at any symptoms pointing to the antrum, since it is so frequently the seat of morbid and malignant growth.

Causes—Perhaps abscess of the antrum is most frequently excited by carious teeth adjacent to the cavity. Persons having decayed molar teeth are liable to a persistent tooth ache, eventually terminating in abscess of the antrum.

This affection has sometimes been attributed to blows received upon the cheek. Inflammation of the schneiderian membrane at times results in the same way. Sometimes the natural communication between the nose and antrum becomes obstructed, and inflammation of the membrane lining the cavity occurs.

There are some persons in whom there is a decided tendency to affections of the mucous membrane of the head,—and this is not infrequently hereditary. Such persons are liable to abscess in the cavities mentioned.

Besides these, it is possible that secondary Syphilis may be a predisposing cause.

Symptoms.—Abscess of the antrum is characterized, when acute by a throbbing and lancinating pain.

If the case is severe the pain extends to the nose, eye and forehead.

The cheek becomes swollen and tender. It is red, and hard. Pus at length forms, indicated generally by rigors. The constitutional disturbance is usually considerable. If the opening into the middle meatus has not become obstructed the pus escapes.

Frequently the mucous membrane is so turgid that this channel of communication is entirely closed.

Possibly the pus may partially escape by the side of a carious tooth. It is not by any means certain however that this will occur.

If the pus fails to make its escape by either of these channels, it accumulates and great distension of the antrum is the result.

The cheek becomes more inflammed, andthe overdistension of the antrum at length expands the bony walls.

The external surface may now be greatly swollen, and the bony wall so thin as to crackle on pressure. The orbital, buccal, palatal or nasal wall may be thus expanded. As the consequence of such an expansion, the eye may be protruded from its socket, the lachrymal duct closed and the tears flow over the cheek.

The mouth and nose may be encroached upon in the same way and great discomfort attend the patient. At length the antrum bursts and an exceedingly offensive fluid escapes into the orbit, the nose, the mouth or upon the cheek. If the affection is chronic it is characterized by symptoms less severe, but the distension occurs and the result is the same. In either case if art has not interfered, caries of the bone is likely to occur, and more or less of the bony substance is lost.

Treatment.—Abscess of the antrum is one of those instances where pus should be evacuated early. When once satisfied that suppuration has occurred, it should be the aim of the Surgeon to evacuate the fluid speedily as possible.

Even if it is somewhat doubtful it is better to err on the safe side and open a communication with the diseased cavity. Otherwise the osseous structure may become involved, a result always to be deprecated.

Various methods have been proposed for effecting an opening into the antrum. Sometimes, though rarely, the pus escapes into the middle meatus, and a spontaneous cure results. More commonly the interference of art is called for.

If there is any carious tooth in the vicinity, it should be extracted, and if its socket does not already communicate with the antrum, an opening should be made by introducing a stile or small trocar into the socket, and forcing an opening through the intermediate bone. If the teeth are all sound, and the symptoms such as to warrant the supposition that pus is present, the second molar tooth may be extracted and the channel completed as before.

The pus is likely to be thick and offensive.

The cavity may be injected with tepid water and the discharge otherwise promoted.

If the walls are beginning to expand, an opening may be made through the most prominent one.

Should the external wall suffer the most, the lips may be drawn back, and the gum being divided over the canine fossa, an opening may be made directly with the stile or trocar.

The same operation may be performed upon the roof of the mouth, and even upon the orbital wall, if occasion requires. Under any of these instances, the cavity should be injected with tepid water, and gentle pressure applied over the expanded bone to reduce it to its former limits.

Usually the recovery occurs without much trouble. If however the inflammation is of a low type, and the discharge is persistent, the cavity may be treated with a solution like the following:

℞. Zinci Sulph. ʒ i
Aq. Distil. ℥ vi
M.

Inject twice a day.

This may be continued until a healthy inflammation is excited, and the discharge begins to diminish.

Nitrate of Silver and some other substances may be used in the same way.

Caries of the bone is quite likely to occur if this affection has been neglected. This may be determined by a careful exploration with the probe. The carious pieces of bone should be removed only with great care, and not until entire separation has occurred.

(To be continued.)

SYPHILIZATION.*

Two or three years ago a bold young French Physician startled the grave deliberations of the *Patres Conscripti* in the French Academy of Medicine, by the announcement of his having discovered a new method of the treatment of Syphilis, with which he proposed to extirpate that wide-spread malady from our nosology. Not only did Auzias Turenne aim at the cure of Syphilis in persons already affected with the disease, but he shocked morality by the proposal to render individuals hitherto untainted with Syphilis totally unsusceptible of the venereal virus. The French Academy of Medicine met, and an acrimonious discussion ensued. The moral and hygienic objections seem to have been those which were discanted upon; the facts do not seem to be very carefully inquired into; no experiments were made to test the truth or falsehood of the new mode of treatment, and under the powerful influence of Ricord it was rejected by the Academy, in spite of the protest of Malgaigne and others against this summary decision. In this country, the subject seems to have excited very little interest. One or two journals briefly alluded to it in terms of unqualified condemnation, and the only notice of the controversy from impartial point of view is given in " Ranking's Abstract of the Medical Sciences," p. 333, vol. xvi., by Dr. Radcliffe. Since then, with the exception of two papers by Victor de Meric, in the "Lancet" for 1853, no notice has been taken of the subject, and the Medical public in this country seem to regard the question as finally settled by the fiat of the French Academy. Not so, however, our brethren on the continent. In Norway, in Sweden, in Turin, and elsewhere, the bold empiricism of Auzias Turenne has been carefully put to the only test capable of deciding the question at issue—viz., that of experiment. Not content with merely declaiming against Syphilization as unheard-of and unjustifiable, Professor Boeck in Cristiana, Danielson in Bergen, Carlsson in Stockholm, and Sperino in Turin, have for some years past been engaged in a series of careful experiments and observations to determine the truth or fallacy of Turenne's practice. It is plain that experiment alone can decide the question; theory here is but of little avail, and would be of no more use in disproving stubborn facts—if such they really be—than if it were directed against the efficacy of mercury in primary Syphilis, or of quinine as an antidote to ague. The French Academy seems to have rejected the practice of Turenne without putting it to the proof; indeed, as we observed before, the moral question alone was tried, and found wanting, while the actual facts seem hardly to have been discussed at all.

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*This article, so extraordinary in its facts and doctrines, consists of brief extracts, which however, will be sufficient to develope the fundamental, and it may be added, almost incredible principles recently deduced from numerous experiments made by a gentleman of distinguished reputation and reputed competency.—Ed.

Auzias Turenne, a young French Physician, commenced, about the year 1844, a series of experiments, with the view of testing the validity of John Hunter's doctrines of the non-communicability of Syphilis to the lower animals. After many experiments and several failures, he succeeded in producing in monkeys inoculated with chancre matter a disease which had all the characteristics of true chancre. This was at first admitted in the French Academy, but at a later period was denied. However this may be, it is quite certain that a contagious disease was communicated to the poor animals, and that from .these it was transferred to rabits, cats, and horses. The malady was again from these returned by inoculation to the human species, the first trials in this regard having been made by Dr. Robert Weltz, of Wurzburg, on his own person. On four separate occasions, Dr. Weltz succeeded in producing an unmistakable chancre on his own person, by inoculation from animals, and this was acknowledged even by Ricord.

While Auzias Turenne was thus engaged in researches on the transmission of Syphilis to animals, he became aware of the curious fact, that each succeeding chancre produced by inoculation, became less and less in each animal, until at length a period arrived when inoculation apparently lost all its power, and no chancres or sores of any kind followed the application of the venereal virus. From these facts he drew the inference, that by prolonged inoculation with the Syphilitic poison, a constitutional state or diathesis was at length produced in which the system was no longer capable of being affected by Syphilis. This condition he terms "Syphilization," and upon this asserted discovery all the subsequent experiments and peculiar mode of treatment are based. Auzias Turenne and his followers contend that by such a process of prolonged inoculation the system becomes protected for the future against the venereal poison, just as an individual who has had small pox cannot take the disease a second time. To obtain perfect Syphilization or immunity, the individual must undergo constitutional Syphilis; but he must be forced rapidly through this disease by repeated inoculations, in order that it may not injure the constitution.

The abortive experiments of Diday in 1849 require but little notice. He proposed to inoculate with blood drawn from a person laboring under tertiary Syphilitic symptoms, so as to prevent, as he imagined, the poison from entering into the constitution at all.—Although this proposal was apparently based upon one of Ricord's supposed "laws"—viz.: that constitutional Syphilis never effects an individual but once in his lifetime, it was also in direct contradiction with Ricord's positive opinion, "that tertiary Syphilis could not be communicated by the parent to the child."

After a series of experiments, Auzias Turenne's doctrines were laid before the French Academy of Medicine (November 18th) in 1850; and, as might be expected, opinions so novel and so startling met with the most vehement opposition. Turenne had, it seems, only recently commenced at that time his experiments on Syphilization in the human subject; he had, therefore, few or no data for the support of his opinions, and he not only proposed to employ Syphilization for the primary and secondary forms of venereal diseases, but suggested the use of this treatment as a prophylactic against the contagion of Syphilis in persons as yet untainted with that malady. It was upon this latter point that the discussion mainly turned, and here the indignation of his opponents was unbounded at the audacity and immorality of such a proposal. We cannot deny that they had right on their side; the proposal was not only immoral, for the disease is one to which an individual voluntarily subjects himself by a lapse from the rules of morality, but it was also most injudicious to subject a perfectly healthy person to the danger of incurring a malady from which he might never again be able to free himself. The true method of determining the question—that of experiment, carefully conducted and often repeated—was not adopted, and an application by Turenne for leave to prosecute his researches in the Hopital St. Lazare was negatived by the Commission. Hitherto, not being permitted to pursue his investigations in a hospital, he had only experimented on a few cases in private practice and these were necessarily too few and too scanty in the details to be implicitly relied upon. The real question at issue, that of the reality or non-reality of Syphilization, was left untouched. Malgaigne, Depaul, and others, in vain protested against the sweeping condemnation of these proposals before the truth or falsehoods of the doctrine had been determined by experiment; the great influence of Ricord and his partisans prevailed, and the proposals by Auzias Turenne were unequivocally condemned. Shortly after, a strong case appeared in favor of the opponents of Syphilization, in the person of a Dr. L* * *, who had allowed himself to be inoculated to produce Syphilization, and was now covered with venereal sores. While matters thus proceeded in Paris most unfavorably for the advocates of Syphilization, the question was being investigated on a large scale, and in a more complete manner, by Sperino, of Turin. This Physician had great advantages for the prosecution of his researches, as he was attached to the Syphilicoma, or Venereal Hospital of the City of Turin.—He had long remarked that large suppurating buboes healed more radidly when their Syphilitic character was tested according to Ricord's plan, by inoculation of the surrounding parts; and moreover, that when the primary chancres were large and obstinate, the inguinal buboes were smaller and less freely developed. The longer the local disease lasted, the less chance there seemed to be of constitutional Syphilis. Sperino made his first report on the subject to the Medico-Chirurgical Academy of Turin, on the 23d of May, 1851. In this report he gives the full details of fifty-two cases treated by him in the Syphilicoma of that City. If Sperino was not the first to employ Syphilization for the cure of venereal disease in the human subject, he at all events first performed a regular series of experiments and observations to test the truth or fallacy of Turenne's doctrines.

"The subjects of M. Sperino's experiments were fifty-two hospital patients, all prostitutes, and all suffering from aggravated forms of primary or secondary Syphilis. The virus was taken from the person Syphilized, or from a comrade—from the first if posible. The inoculations were repeated once or twice a week in three or four distinct places, usually in the abdomen. The time required for the establishment of the artificial chancres was from two to three days. The effects of the second inoculations were less serious than the first, the third than the second, the fourth than the third, and so on, until the virus ceased to produce any effect whatsoever; contemporaneously with which epoch all former ulcers had healed, and buboes, recent nodular enlargement of bones, and cutaneous stains or blotches, had either disappeared altogethor, or were rapidly going away."

The virus also, which made no impression at that time, was found to retain all its virulence when tried on an unaffected person.*

Sperino's observations were confirmed by similar results obtained by Dr. Gamberini at Bologna, and by Gulligo at Florence. The report of the Commission appointed in this case, as at Paris, was unfavorable, but it did not extend to the prohibition of further experiments, and Sperino has ever since followed up this treatment in the hospital under his charge. In 1853 he published a detailed account of ninety six cases of Syphilization in a bulky volume of 903 pages.

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Not only are certain cases ill fitted for Syphilization from previous mercurial treatment, but the state of health of the patient must be taken into consideration before submitting him to this prolonged and painful treatment. Dr. Boeck advises that we should not Syphilize when any inflammatory diathesis exists in the system, as in such cases the artificial chancres may take on a malignant action. Habitual spirit drinkers, and persons of very weakly constitution, should not be subjected to this treatment. The bowels should be regulated, and the digestive organs should be brought into good order; but,it is not necessary to enforce any strict rule of diet. In the hospitals of Bergen and Cristiania, the ordinary full diet of the hospital was always allowed. With regard to obtaining the patient's consent to the treatment, no difficulty seems to be found either in the Scandinavian or the Italian hospitals. Both Sperino and Dr. Boeck mention the readiness with which patients submitted to, and even sought for the mode of cure which they had seen to be so successful in their fellow sufferers.

Various methods of inoculating the venereal virus have been adopted by the advocates of this system. Auzias Turenne at first kept up a succession of single chancres; while Sperino made three or four separate inoculations at once and repeated these two or three times in the week. After having in this way reached the number of twenty four or thirty inoculations in all, he found that the chancres last produced were exceedingly small, and he then diminished the intervals, and made more inoculations at each sitting. He found that the first chancres were deeper, larger, and more inflamed than those which succeeded them; and that by diminishing the intervals and increasing the number of inoculations, the earliest chancres visibly diminished, and were less painful and inflamed. To test this still further, Sperino ventured upon as many as sixty inoculations at once upon the same individual; but the result obtained was that *immunity* to further inoculation set in before Syphilictic symptoms were cured, and relapses of the disease frequently ensued. He therefore returned to his former plan, and now inoculates for six to ten chancres at each sitting. While these chancres are progressing, it is neither necessary nor advisable to inoculate afresh, nor should this be done until the former chancres are developed. Should the chancres be developed too freely, and threaten to produce active inflammation, or to extend as phagedænic sores, he checks their progress by inoculating afresh at shorter intervals.

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*See Dr. Radcliffe's Report on Surgery; Rankings Abstract, vol. xvi., p. 334.

The practice of Dr. Boeck differs very little from that of Sperino. At first, afraid of producing too serious an impression upon the system, Dr. Boeck inoculated for two chancres only every six days, selecting that period of time because he found from experience, that it required about five days to produce induration in a chancre; although he does not, as we have already seen, consider this latter circumstance absolutely essential. Subsequently he has shortened his intervals to three days, and increased the number of inoculations to eight or ten. Less time is thus required to produce immunity, but Dr. Boeck has a wholesome distrust of those cases which are pushed too rapidly through their course of Syphilization.

With regard to the most favorable points in the body for inoculation, Sperino placed his punctures on the lower part of the abdomen, while Dr. Boeck prefers inoculating on the arms and thighs.—Accompanying each of his observations in the volume before us is a lithographed outline plate of the human figure, with the points of inoculation, and the date of each, while lines drawn from the arms to the thighs enable us to follow the transpositions of the virus from one chancre to another. By this simple figure it is easy to trace the progress of the treatment, to see the number inoculations at each sitting, and the source from which they are derived. * * *

We think that the advocates of Syphilization have established a claim on the profession to a fair trial of their system. It is evident that its employment is not fraught with danger, as is the case with so many remedies proposed from time to time; and the investigation of the subject seems to open up a new field for the further study of one of the most malignant, most lasting and destructive poisons that effect the human frame.—*Brit. and For. Med. and Chir. Rev.* for April, 1857.

Prof. Boeck on Syphilization.—If it be evident, as I think it is, that the remedies hitherto used against Syphilis are uncertain, and even pernicious, then it is not only allowable, it is our duty, to try the new one that is offered to us. To me the only question was—in what cases Syphilization might be used. I have already mentioned that I always thought *prophylactic* Syphilization to be an absurdity. Therefore, I shall not dwell any longer on it. The question is—whether Syphilization ought to be used in all cases where Syphilis exists? This question is easily answered, I cannot predicate with certainity if all those who get primiary Syphilis will get constitutional disease. The simple chancre is not in general accompanied by any constitutional affection. The Hunterian one is certainly a consequence of a constitutional Syphilis, but we may easily deceive ourselves in respect to the induration. Therefore, I never use Syphilization where there is merely primary Syphilis. It is not until the constitutional symptoms have appeared that I consider this method allowable, for then I am convinced that I do not introduce anything into the organism but what is there before. I cannot double a malady already present. So I am quite certain not to do any harm to the patient.

This may be the fit place for mentioning shortly how I produce Syphilization. Without any other preparation than a bath, or in my private practice even without this, I apply on each thigh, and on each arm, or on the sides only, three inoculations in every one of those places, with matter taken from a primary ulcer, or from an artificially produced one in a person who has been Syphilized. I choose the first named places for those who are lying in the hospital, but I inoculate the sides of those who, during Syphilization, are going out attending to their business. However, I must add, that I never confine my inoculations exclusively to the sides. If they do not prove effectual there, I apply them on the thighs, on which we shall almost always find the ulcers to be larger, deeper and of longer duration. Therefore I think this place the best, and never fail inoculating there. Every third day I inoculate anew. As long as the last inoculations produce pustules, I take the matter from these. In some cases I have always tried to take the virus from the first made inoculations, thinking to find there the strongest matter, and thereby, perhaps, be able to achieve the cure in less time; but the cases in which the treatment has been accomplished in this manner are so few, that I should not venture to draw deductions from them. In Syphilized children, I have only applied one inoculation on each thigh, and generally also on each side, every third day, or perhaps at longer intervals. The ulcerations produced in this manner may occasionally become phagedænic in grown up persons. Many wounds may be united into one, and form a large ulcerating surface. This, however, does not signify in the least, provided the treatment be continued without being alarmed. The inoculations are a certain remedy against the phagedænic ulceration. In children, the ulcers are generally so small as not to cause any inconvenience. It is only in cases which have been mercurialized before that I have sometimes seen the artificial ulcerations enlarge, yet never to an alarming degree.

In some instances the inoculated person becomes proof to one sort of virus. I then take the matter for inoculation from another, preferring a case which has had a different origin; this then proves effectual. But sometimes they become proof to this also, and I then seek for a third source; and thus I go on as long as any matter at all will operate.

Moreover, it is worth noticing that immunity does not occur, and the Syphilitic phenomena do not vanish, earlier in children than in grown up persons. The time necessary to produce immunity is about three months. However, it depends upon the number of inoculations that may be employed—upon the symptoms that have taken place; and in children it seems to depend upon their Syphilis having been acquired or inherited. The quality of the virus, even, may not be without influence. When immunity is attained, the Syphilitic phenomena generally vanish. However, should this not be the case, it should cause no uneasiness, as they will certainly vanish within a short time, without any remedy being used.

It is not uncommonly the case, that during Syphilization a new eruption takes place; but this always exhibits symptoms of the same nature as were observed at the beginning of the process of Syphilization. These eruptions need not cause any anxiety. The operator may quietly go on inoculating, and things will proceed as in other cases. One phenomena that I have often seen develop itself under Syphilization is iritis. This has been very intense in some cases; but I do not make it the subject of any special treatment, either antiphlogistic or derivative, and the result has hitherto been always favorable.

The Syphilitic poison does not run a rapid course, as was known a long time before we heard anything of Syphilization. We often see the constitutional symptoms not to show themselves until after some months. Therefore there is nothing astonishing in the fact, that the curative results of inoculation do not show themselves until after some time.

But if even by Syphilization alone we cannot effect a cure in all cases, it is nevertheless, an indispensible remedy. Patients who have been nearly destroyed by Syphilis and mercury may be restored by it to health. The cases belonging to this class may present very different aspects, and the effect ef Syphilization on them of course, also different. I therefore think the best way to give my view of the matter is to arrange them in separate groups, viz.:

1st, The early constitutional cases recently treated with mercury, in which the same symptoms have reappeared. Here Syphilization will, in some cases, produce as certain effect as in cases not treated before, but we oftener find some irregularity. The phenomena vanish and return again. That which I have said takes place in the individuals not mercurialized is repeated here; namely, it is always the same forms which existed at the beginning of the Syphilization that return.

2d, The affection may be still confined to the cutanous system and the pituitous membranes, but the tubercular forms may be predominant, ulcerations on mucous membranes may go deeper, or the affection may be in the subcutaneous areolar tissue. We may even have the *tubercular serpigenous syphilide.** These affections are more slowly acted upon. The reason for this may partly be found in the fact that these forms are often rather of old standing. Mercurial treatment, iodine, etc., have been used against them, and we also often see bad forms show themselves within a year after the primary affection. This seems to depend on individual constitution, for it often has no relation to the quantity of mercury, or the care taken of the patient during the treatment.

If, in these cases, new eruptions come out during Syphilization, we shall always find them to be more superficial than the earlier affection, if even they have the same form as that which existed at the beginning of the Syphilization treatment. It happens in these cases, especially that the inoculations, after a small number of them have been made, do not produce any effect, then we must give iodine, after which we shall again have larger pustules and ulcers.

3rd, Affections of the osseous system. Here Syphilization hardly ever seems to produce any effect. But when iodine has been used earlier, producing results of only a short duration, then Syphilization united with iodine, seems to relieve the nocturnal pains more certainly; but osseous tumors remain unaltered by Syphilization.

4th, Affections of the nervous system—hyperæsthesia and incomplete and complete paralysis—may occur: First in combination with other Syphilitic symptoms, and in those cases I have seen them diminish under the influence of Syphilization. Secondly they may be the only phenomena left as the result of the mercurials used against the primary Syphilis; and, under these circumstances, we see little or no effect from Syphilization. However, I must observe that all the cases of that sort which I have hitherto treated have been of old standing, and have for a long time been treated with iodine, etc.

5th, Mental maladies, finally may be the result of the mercurial treatment. I have had no opportunity of employing Syphilization in such cases, but I consider it well worth trying. The idea that Syphilization should be the last refuge, seems to be quite as if quinia should not be given in the beginning of an intermittent, but that the system should be first injured by different other medicines, and then quinia given afterwards.

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*Radesyge.

As the result of the great many observations made with Syphilization, it seems sufficiently proved that the Syphilitic virus heals constitutional Syphilis, and that it cures the malady without doing any harm whatever to the organism. On the contrary we see that the uneasiness, the rheumatic pains which often accompany constitutional Syphilis, vanish under continued inoculations.

The immediate effect of Syphilization upon the organism is generally also very favorable, but there are some who have thought that it may, perhaps, operate perniciously in future time. To this I have only to say, that I can show many individuals discharged from hospital more than three years ago, who have remained in uninterrupted good health, and that in not one of the persons treated in this manner, can I point out any unfortunate result whatever, which could be ascribed to Syphilization.

If, finally, I were to comprehend, in a few words, my opinion about Syphilization used as a curative remedy, I should say—

1. Syphilization is undoubtedly useful against Syphilis; it is the only certain remedy that we know, and it is not pernicious to the organism; murcury, therefore, ought to be banished as a curative remedy.

2. Syphilization is not so certainly useful against *mercurialized Syphilis*, but it ought always to be tried. It often does cure it entirely, and it at least does not fail to do some good in the greatest number of cases.

3. The application of Syphilization against other maladies than Syphilis ought to be tried with the greatest possible care and exact observation.—*New Orleans Med. Journal.*—From *Glasgow Med. Jour.*, April, 1857; from *Dublin Quarterly.*

CONTRIBUTION TO THE PHYSIOLOGY OF SACCHARINE URINE. ON THE ORIGIN AND DESTRUCTION OF SUGAR IN THE ANIMAL ECONOMY.

BY GEORGE HARLEY, M.D., F. C. S., *of University College, London.*

In the summer of 1853 I communicated to the Societe de Biologie de Paris the discovery of a new method of producing diabetes artificially in animals, by means of stimulants introduced into the portal circulation. Since that time I have frequently repeated, and even extended, my experiments with similar satisfactory results.

It is generally admitted by physiologists that the various secreting organs in the animal body are stimulated to perform their different functions either by a direct or by a reflex nervous action; and it has been said by Professor Bernard that the normal production of sugar in the liver is dependant upon the latter kind; a stimulus being transmitted by the pneumogastric nerves to the brain and reflected along the spinal cord and sympathetic nerve to the hepatic organ. M. Bernard was led to this conclusion by finding that immediately after section in the neck of *both* pneumogastric nerves, the liver not only ceased to secrete, but even the sugar contained in the organ at the time of the operation gradually disappeared. The division of only *one* of the pneumogastic nerves produced no visible effect upon the glucogenic function of the liver; and if a sufficient length of time for the re-union of the divided nerve, eight or ten days were allowed to elapse, a section of the opposite pneumogastric might be made without causing any interruption of the saccharine secretion. He further observed that the application of galvanism to the upper ends of the divided nerves, not only re-established the secretion of sugar, but, if the current were continued a sufficient length of time augmented it beyond the normal amount,—so much so that animals thus operated upon not unfrequently became diabetic. On the other hand the application of galvanism to the lower ends of the divided nerves was not found to be followed by any such result. These experiments clearly indicated that the nerve-force which excited the liver to secrete saccharine matter did not travel from the brain, through the peumogastric nerves, to the hepatic organ; but rather that the stimulus proceeded along these nerves to the brain, and was from thence re-transmitted to the liver by some other nervous chain.

The data yielded by other experiments, which it is at present unnecessary to recapitulate, induced M. Bernard to adopt the opinion that in a healthy animal the reflex action which incites the liver to secrete sugar originates in the stimulus given by the respired air to the pulmonary branches of the pneumogastric nerves. He believes in fact, that at each act of inspiration the tender filaments of the pneumogastric nerve distributed in the lungs receive from the inhaled gases, a stimulus, which is transported through the trunks of these nerves to the brain, and reflected from the nervous centre along the spinal cord and splanchnic nerves to the liver. The point of departure of the normal nerve force which calls into play the glucogenic function of the liver, may at the first glance appear a matter of little moment; but when we consider that the secretions of organs increase in proportion to the amount of stimulus applied to their nerves, and that an excess of secretion, which not unfrequently constitutes disease, arises in many cases simply from an exaggeration of the normal stimulus, we shall at once acknowledge the importance of thoroughly understanding the physiological, before attempting to remedy the pathological, condition of any organ.—When an answer has been given to the query, "Where is the sugar secreted?" the question next in importance to the physician is most assuredly, "By what means is the secretion excited?" A satisfactory answer to the latter question may not improbably furnish a guide to the successful treatment of a disease which has so long been regarded as ungovernable.

At present a great diversity of opinion seems to exist in regard to the cause of saccharine urine. Some authors speak of it as dependent upon a morbid condition of the liver, others as the result of disease in the nervous system, while a third class still adhere to the old opinion of its arising from disordered digestion. They appear altogether to ignore that one and the same symptom may spring from a multitude of causes, and that as saccharine urine is not of itself the disease, but only the most prominent symptom of a hidden complaint, it too may be the product of a variety of morbid actions quite distinct from each other, and consequently requiring diametrically opposite treatment. If for example the normal stimulus of the liver is exaggerated, an abnormal amount of sugar will be secreted; and if the quantity formed is greater than the amount requisite to supply the wants of the system, the excess which then acts towards the organism as a foreign body, will be eliminated with the urine, and the disease, diabetes mellitus, established. If, on the other hand, the stimulus, instead of being exaggerated, is abnormally feeble, a less amount of sugar will be produced by the liver than the wants of the system demand, and a disease which as yet we possess no means of recognizing, will be the result. The presence of sugar in the urine does not, however, necessarily prove that the glucogenic function of the hepatic organ has been exaggerated. For even in cases where only the normal amount of saccharine matter has been formed, the sugar in the blood may be present in excess, in consequence of some diseased state of the system preventing its assimilation. In such cases the sugar will gradually accumulate in the blood, until at last the excess circulating in the body will act as a foreign material, and as such be eliminated by the urine.

Diabetes mellitus may further originate, either in such a change in the structure of the parts which secrete the saccharine matter as will admit of their performing more than the ordinary amount of labour, or in some organic change in the nerves, which call the function into action, causing them to over stimulate the sugar forming apparatus. There are yet other two causes, of diabetes, sufficiently important to be here noticed. The first may originate in a foreign stimulus in addition to the normal one, directly applied to the liver; the second in such an artificial irritation of the nerves as will excite them to communicate an excessive stimulus to that organ. A good example of the latter cause is to be found in the experiment performed by Reynoso, who discovered that by making an animal breathe irritating or stimulating vapours, the reflex nervous action might be increased to an extent sufficient tc produce an exaggerated secretion of sugar, and to render the animal so operated upon for a time, diabetic. This fact has been adduced by Bernard as a strong proof of the correctness of his view witn regard to the origin of the normal reflex action. Without wishing to question the fact that irritation of the respiratory organs in animals produces a flow of saccharine urine, it may be remarked that in making similar experiments, I have not found it so easy to arrive at the same satisfactory results which Bernard seems to have obtained. For example, I caused a robust rabbit to inhale sulphuric ether during seventeen minutes. In twenty minutes afterwards, and again in one hour and a half, the urine was tested without the slightest trace of sugar being detected. To another adult healthy rabbit, in full digestion, I slowly administered chloroform until he became completely insensible,—indeed, much difficulty was experienced in restoring him. Two hours afterwards the urine was tested for sugar, with no better success than in the previous case. I compelled another rabbit to inspire ammoniacal vapours during five minutes, without being able to produce a flow of saccharine urine.

As the ill success attending these experiments might arise from not giving a sufficiency of the respective stimulants, I administered to other rabbits a very much larger quantity; and in one case, the most satisfactory, I succeeded in detecting a small quantity of sugar in the urine. This result was not, however, attained until after I rendered the animal five times completely insensible within twelve hours, by a mixture of chloroform and ether.* This success, although it confirms the observation of Reynoso, that the secretion of sugar may be augmented by an irritation applied to the pulmonary branches of the pneumogastric, even taken in connexion with the result of section of the cervical pneumogastric, does not appear to me to justify the conclusion of Bernard—that in the normal state, respiration is the excitor of the glucogenic function of the liver.

Every one knows that in exciting reflex action in the limb of a decapitated frog, it is perfectly immaterial to which branch of the sensory nerve the irritation is applied. There is thus no difficulty in accounting for the liver being excited to secrete sugar when an irritation is applied to the pulmonary branches of the pneumogastric; and we are not necessarily forced to believe that they are the branches which normally call into action the peculiar function of the organ referred to. Indeed, if such be in reality the case, how does it happen that while the respiration, and consequently the stimulus, continue at about the same rate during the entire day, the secretion which is said to be the result of stimulus, varies at different times? At one hour it is known to be exceedingly active; at another, a somewhat later one, almost dormant.—Such a result has no parallel in any other organ of the body. A certain amount of stimulus, *cæteris paribus*, invariably calls forth a similar and definite amount of action; and upon what grounds are we warranted in considering the function of the liver an exception to the general rule? I need scarcely detain the reader at present with further arguments against what appears to me an untenable hypothesis, as I believe the results of the subjoined experiments clearly indicate that *if* the pneumogastric is the nerve which carries the stimulous to the brain, to be from thence transmitted by the spinal cord and splanchnic nerves to the liver, the point of departure of stimulus is most probably in the liver itself, and that the cause of the reflex action may originate in the stimulating effect of the portal blood upon the hepatic branches of the pneumogastric nerve. If, for example, the stimulating effect of the blood of the portal vein be imitated as much as possible by injecting into that vessel substances such as alcohol, ether, chloroform, methylated spirit, or ammonia, the liver is excited to secrete an excess of sugar, and the animal operated upon is for a time rendered diabetic. The following experiment illustrates this fact very clearly:—

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* Cases have been reported of sugar appearing in the urine of patients after the administration of chloroform; but as this paper is a mere contribution to the physiology of saccharine urine, I refrain from entering fully into details.

I injected ten cubic centimetres of sulphuric ether mixed with thirty cubic centimetres of water, into one of the branches of the portal vein* of a full grown Newfoundland dog, half an hour after he had been fed. When he rose up after the operation he appeared intoxicated, and staggered a little as he moved about. This effect however, soon disappeared, and in a few hours the animal looked as if nothing had been done to him. In two hours after the injection was made I passed a catheter into his bladder, but did not obtain sufficient urine to enable me to satisfy myself whether it contained sugar. Some hours afterwards, when I had obtained enough urine, I found that it readily reduced the copper in Barreswil's liquid, thus indicating the presence of saccharine matter. To assure myself that this effect was not due to the presence ot any other substance, I boiled the urine in order to coagulate the albumen of which it contained a little, then evaporated it almost to dryness, dissolved the residue in boiling alcohol, and filtered. The filtered liquid was next evaporated to drive off the alcohol, and an aqueous solution made. On testing the latter for sugar with the sulphate of copper solution, its presence was clearly indicated. Although by this method the existence of saccharine matter was rendered almost undeniable, I still wished to convince myself of its presence by some other means. The urine, which the dog passed the next day, was therefore fermented, and carbonic acid gas and a trace of alcohol were obtained, thus placing beyond a doubt the existence of sugar in the urine. In consequence of the dog breaking his chain and escaping, I am unable to state how long he remained diabetic; but he was certainly in that condition forty-eight hours after the injection of the sulphuric ether.

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* The experiment is very easily performed by using a sharp-pointed syringe, which can be pushed with facility through the coats of one of the large mesenteric veins.

The following case of which I shall speak very briefly, proves the presence of sugar in the urine until the third day after the operation: A very large dog (the largest I ever saw) was treated in the same way as the preceeding one, but he appeared to suffer much more from the operation. His urine was so loaded with bile that I was forced to decolorize it before testing it for sugar with the tartrate of potash and copper, which however it readily reduced, I also fermented the urine, and was able to convince myself of the existence of saccharine matter in it until three days after the injection had been made.

In another case I injected nine cubic centimetres of ether, mixed with thirty cubic centimetres of water, into the portal vein of a small dog. He became insensible, and continued so during a few minutes. Twenty four hours afterwards he was killed by section of the medulla oblongata, and in his urine the presence of sugar was detected, both by the fermentation and by the copper test.

The following case shows how ammonia has the same power as ether in causing the liver to secrete an abnormal amount of saccharine matter:—

Into the portal vein of a good sized dog, in full digestion, I injected fifteen drops of liquor ammoniæ, diluted with forty cubic centimetres of water. In twenty-four hours afterwards, on the animal being killed his bladder was found enormously distended with urine, which not only reduced the copper in the liquid of Barreswil, but fermented most rapidly.*

I have on several occasions repeated the experiment with ammonia, and have not yet met with a single unsuccessful case. Attempts with chloroform, on the other hand, are not invariably successful, as they sometimes result in the death of the animal, especially if the dose be considerable, as the following example proves:—

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* This and the preceeding experiment I had the honor of performing at the College of France, before a commission appointed by the Societe de Biologie, and consisting of Profs, Bernard, Robin, and Verdeil.

Into the portal vein of a large sheep dog, I injected a mixture of three grammes of chloroform, ten cubic centimetres of ether, and four-teen cubic centimetres of water. He died three hours after the operation. Notwithstanding this untoward circumstance, I found that the urine remaining in his bladder after death contained a certain amount of sugar. In operating with chloroform, it is best to use only a few drops, as then the animals seem to suffer but little inconvenience.

In another experiment I injected into the portal vein of a small dog, ten cubic centimetres of a liquid composed of equal parts of alcohol and water. Two hours afterwards I examined the urine, and found that it contained sugar, but in a small quantity. As I had great difficulty in obtaining the urine of this animal, I ceased making any further observations on him.

Into the portal vein of another dog, of the Skye-terrier breed, I injected ten cubic centimetres of the common methylated spirit, diluted with thirty cubic centimetres of water, six hours after he had eaten a full meal. For a few minutes after the operation he appeared to be intoxicated; but this effect soon disappeared, and on the following day he seemed perfectly well. When he was killed, his bladder was found distended with pale-coloured urine which contained a considerable amount of sugar, as was seen by the quantity of copper it reduced, and the facility with which it fermented.

In may here be mentioned that all the dogs so treated vomited after the operation, from the irritation, no doubt, of the pneumogastric nerves.

These experiments are selected from a number of others, which it is quite unnecessary to cite, as the results obtained were identical. From the total of my experiments upon this point, I conclude —firstly, that a flow of saccharine urine can be induced by means of stimulants introduced into the portal circulation, even in animals that have been fasting during twenty-four hours; and secondly, that the introduction of these stimulants sometimes produces albuminuria and an increased discharge of bile, as well as of saccharine urine.

The question now to be considered is "In what manner do the stimulants act—is it directly, by exciting the tissue of the hepatic organ, or indirectly through the nervous system?"

The assertion, that an organ like the liver can be excited to perform its function without the intervention of the nervous system, may appear to some as unwarranted. Indeed were it not that we already know muscles to possess a contractile power altogether independent of nervous influence, I should not have dared to hazard

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† Some of the gentlemen who attended my class last summer, may perhaps recollect this experiment. It was performed on a dog with an artificial gastric fistula.

such an opinion. Bernard, however, has clearly demonstrated, on frogs poisoned with wourali, that although the influence of the nervous system can be totally destroyed (as is seen by the muscle not contracting when the nerves are galvanized), galvanism, applied directly to the muscular fibre itself, excites immediate and violent contraction. I have frequently had occasion to repeat this experiment, and am well satisfied with the justness of Bernard's conclusions.—In the case of the muscle we have, therefore, indubitable proof that the specific property does not exist in the nerves, but in the muscle itself. And I see no reason for doubting that the various internal organs of the animal body are constructed for the performance of a special and peculiar office, and possess within themselves their specific properties, altogether independently of nervous agency; and I am further of opinion, that when we shall be as able to separate the nerve agency from the internal organs, as we are to part it from the muscles, we shall be equally successful in calling their functions into action, by the direct application of electricity, or any other stimulus to the tissue of the organs themselves. Professor Bernard seems to take a similar view of the subject, for, speaking of my experiments, he observes that the stimulants may have acted immediately on the tissue of the liver.*

There is certainly another, and apparently a more simple mode of explaining the influence of the stimulants injected into the portal circulation upon the glucogenic function of the liver, and one which will, moreover, be more readily acceded to, because it does not oppose any of our old views regarding the specific properties of organs or of nerves. The stimulants may act by exciting the hepatic branches to the pneumogastric nerve to transmit an impression to the nervous centre, to be from thence reflected to the liver through the splanchnic nerves, and cause an increased secretion of saccharine matter; and if this be the correct explanation of their mode of action, the normal secretion of sugar is very probably caused by the stimulating effect of the nutritive materials in the portal blood. In those cases where the the vena portæ is either accidentally or intentionally obliterated, the nutritive materials absorbed by the mesenteric veins will take a circuitous course towards the liver, and in that case the blood of the hepatic artery will excite the secretion of sugar. The following facts materially strengthen the view of the normal secretion of sugar being the result of a stimulus applied to the hepatic branches of the pneumogastric nerve.

During the time of digestion, the blood of the vena portæ must of necessity prove most stimulating, as it is then loaded with nutritive materials; and this happens to be exactly the period at which the greatest quantity of sugar is formed. On the other hand the blood of the portal vein of a fasting animal contains very little nutritive material; it is therefore but feebly stimulant, and consequently during this period the secretion of sugar ought to be lessened. This, in fact, is exactly what occurs, for in a fasting animal the secretion of sugar, has invariably been found to be at its minimum.

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* See Lecons de Physiologie Experimentale, par M. C. Bernard, vol. i. pp. 345, 347.

M. Bernard has pointed out that the liver of a dog nourished entirely on fat does not secrete more sugar than if the animal had received no food at all; and this is precisely what might be *a priori* expected if the above theory be correct. For in consequence of the fats, which are scarcely if at all stimulating, being absorbed by the lacteals, and entering the general circulation by the thoracic duct, without passing through the vena portæ and liver, the blood of the portal vein of a dog nourished exclusively on fat does not contain more nutritive material than of that a fasting one.* It cannot therefore be more stimulating in the one case than in the other, and consequently the production of sugar ought in both cases to be at the minimum. This agrees perfectly with the facts already cited.

These data show that the foregoing hypothesis of the reflex action which normally produces the secretion of sugar, is not based on illogical grounds. There exists, indeed, but one argument against the theory—namely, that while section of the pneumogastric nerves in the neck at once arrests the secretion of sugar, division of the same nerves below the point at which they send branches to the lungs is not followed by a similar result. This, too, is the very fact upon which Bernard founds his theory of the reflex action originating in the lungs. And upon a cursory view of the subject, it might be considered equally valid as an objection to the former, and as a commendation to the latter hypothesis If we examine the point of argument, however, we shall find that the mere fact of the disappearance of sugar from the liver after section of the cervical, and not after division of the thoracic pneumogastrics, is in reality of little value, since it can be readily accounted for on other grounds. The liver ceases to secrete sugar in all cases where animals are subjected to severe operations,† whether of the pneumogastric, or of any other nerve. Indeed whenever a febrile state of the system is set up, the glucogenic function of the liver becomes immediately disturbed; section of the cervical pneumogastrics is moreover one of the severest operations to which an animal can be subjected; it is not, therefore, in the least degree surprising, that the saccharine secretion should be arrested. The same thing occurs after a variety of severe operations on different points of the body, entirely unconnected with the nerves supplying the liver. Beside this, the slow asphyxia to which animals with divided cervical pneumogastrics are subjected, is sufficient for itself to account for the disappearance of sugar from the liver.*

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* It may be asked, perhaps, "Whether the blood of the hepatic artery would not in this case, as in that of obliteration of the portal vein, excite the saccharine secretion?" It is not very probable that it would do so; firstly, because the quantity of fats in the blood is very limited; and, secondly on account of their feebly stimulating propensities.

† See some interesting remarks upon this point at p. 360 of Bernard's Lectures.

On the other hand, since division of the pneumogastric nerves below the lungs in general entails neither the death of the animal, nor gives rise to any symptoms of asphyxia, it is not in the least surprising that the glucogenic functions of the liver should in that case suffer but a slight derangement. Another fact in favor of the statement, that the disappearance of the sugar from the liver after section of the cervical pneumogastrics is simply dependent upon the severity of the operation, is to be found in the observation that an equal amount of injury done to the pneumogastric below the lungs is followed by a similar result. If, for example, the nerves are ligatured instead of divided, the animals frequently die, and in those cases no sugar is found in the liver. On examining the livers of two dogs, one of which died within sixteen, the other within twenty hours after the ligature of the pneumogastrics at their entrance into the abdomen, I found that the saccharine secretion had been arrested, just as happens when the pneumogastrics are divided in the neck, and probably from an identical cause, the severity of the operation.

Thus it is seen that there really exists no valid objection to the idea of the glucogenic function of the liver being excited by means of a reflex action, originating in the hepatic organ. On the other hand, there is a very important objection to the view of its originating in the lungs. For, as has already been observed, the air entering the lungs must present the same amount of stimulating action throughout the whole day; and yet the result of that supposed action is found to vary at different times.

If, then, we are unprepared to relinquish entirely the idea of the intervention of nerve agency, and to suppose that the portal blood excites the secretion of sugar by a direct stimulating action upon the tissue of the liver, we must, in absence of a better explanation of the fact, adopt the opinion that the glucogenic function in a healthy animal, under ordinary circumstances, is called forth by the stimulating action of the portal blood upon the hepatic branches of the pneumogastric nerves.

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*In proof of this statement I need but quote a single sentence from Bernard's Lectures. He says :—" Si encore on asphyxie un animal lentement, les angoisses de l'agonie font encore disparaitre le sucre." (vol. i p. 360.)

Since we now know that stimulants intoduced into the portal circulation excite a flow of saccharine urine, we can easily understand how the excessive use of alcoholic drink may produce diabetes mellitus in individuals predisposed to the disease. The same fact explains to us how a disordered digestion is not unfrequently followed by saccharine urine. I may here relate a curious fact in illustration of the truth of the latter remark. About five years ago, at a time when I was much occupied in studying the physiology of diabetes. I regularly tested my urine twice a day, and on one occasion I found it to contain a small quantity of sugar. On the day in question I had partaken freely of asparagus salad; and thinking that this might perhaps be the cause of the presence of sugar, I determined to try the effects of a greater quantity. The following day, the sugar having entirely disappeared from the urine, I again partook of the same salad both in the morning and afternoon. In the evening, on testing the urine, I found very distinct indications of sugar. As the observation was to me one of great interest, I determined to make some experiments on the subject, in order to discover how many hours this state of saccharine urine would continue. During two days I ate large quantities of the asparagus salad, taking care to have it made as stimulating as possible with vinegar and pepper. The result was far beyond my expectations; for instead of the sugar disappearing from the urine in a few hours after I had ceased partaking of the diet in question, it continued to be secreted during several days, until I at last became very much alarmed, lest the disease had been permanently induced. On the evening of the fourth day the sugar had almost entirely disappeared; but on the fifth it returned in increased quantity—so much so, that a drop of urine falling on the boot left a distinct white spot. I could not account for the recurrence of the disease, as I had been particularly careful in my diet during the two previous days.

I have mentioned this experiment, because it appears to me that if a flow of saccharine urine can be induced in a healthy person, as I consider myself to be, by disordering the digestion and over-exciting the liver, it is very probable that a cause, insignificant in itself, but operating upon a predisposed constitution, might tend to produce the disease. Sugar in the urine has been found after eating cheese and other indigestible substances. It is worthy of remark, that Dr. Jessen, of Dorpat, has rendered horses diabetic by feeding them with hay damaged by moisture. M. Leconte has also found sugar in the urine of dogs after he had administered to them the nitrate of uranium. Several other substances have the same effect, and I have no doubt that a great number more stimulants will be afterwards found to produce similar results. I cannot refrain from mentioning with what pleasure I perused a communication of M.

Bernard's, entitled "On the influence of Alcohol and Ether on the Secretions of the Digestive Canal, of the Pancreas, and of the Liver," read before the Societe de Biologie.* M. Bernard instead of putting the alcohol and ether, as I had done, directly into the portal vein, introduced them, by means of a long œsophagus tube into the duodenum of dogs and allowed them to be absorbed through the walls of the intestine into the portal circulation. The result, as might *a priori* have been anticipated, was identical with what I had previously obtained. M. Bernard, in fact, found that six cubic centimentres of alcohol mixed with an equal amount of water was sufficient to excite the liver to secrete a large quantity of sugar, even while the animal was fasting. With ether employed in a similar manner, he obtained no less successful results. It would be very interesting and important to ascertain if the simple introduction of alcohol into the stomach would produce the same effect. It is possible that in some cases it might fail to do so, on account of its being so acted upon by the gastric juice that it had lost its stimulating properties before it reached the portal circulation. The experiment is, however, one worth making, as in many works on diabetes, drunkards are said to be peculiarly liable to the disease.†

Having thus briefly considered some of the more important facts connected with the exciting cause of the glucogenic function of the liver, I shall conclude with a few remarks on the destruction of sugar in the animal economy.

In the early part of last year, M. Chauveau communicated to the French Academy a very interesting memoir upon the destruction of sugar in the animal body. His experiments, which seem to have been most carefully executed, were made on the blood drawn from the arteries and corresponding veins of horses, donkeys, and dogs. And from the results which he obtained he concludes—firstly, that the sugar is not destroyed in any appreciable quantity during its passage through the lungs, and, secondly, that a certain amount of saccharine matter disappears in its passage through the capillaries of the general circulation. I have repeated M. Chauveau's experiments on the dog, and have made some others on the cat, and the results obtained are confirmatory of the conclusions arrived at by that gentleman.

The result of the following experiment upon a dog shows that the blood loses very little of its sugar during its passage through the lungs. In order to obtain the blood from the right side of the heart I followed the method adopted by Messrs. Bernard and Chauveau.

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* Gazette Medicale de Paris, Mai 10, 1856.

* Some interesting remarks upon the effects of diet are to be found in Dr. Garrod's Gulstonian Lectures. See British Medical Journal, April 18, 1857.

The external jugular vein on the right side of the neck was separated for about an inch in extent from the neighboring tissues, and a ligature placed on the vessel as high up as possible, to prevent the return of the blood from the head through this channel. An opening was then made in the vein immediately below the ligature, and a flexible catheter passed through it down into the right auricle. A portion of venous blood was now withdrawn from the heart by means of a syringe attached to the free end of the catheter. This blood of course contained the saccharine matter which had been poured out by the liver into the inferior vena cava. The blood from the left side of the heart was readily obtained by puncturing the carotid artery.

The manner in which I determined the amount of sugar in these portions of blood was the following:—A quantity of distilled water, equal to four times that of the blood, was boiled in a capsule.—To the water when boiling, were added a couple of drops of acetic acid, and afterwards the blood was very gradually introduced. In order that the albumen might be thoroughly coagulated, a drop or two more of the acetic acid was added, care being, however, taken to avoid an excess. When the albumen was completely coagulated, which was known by its separating and floating in the then clear liquid, it was filtered. (I think that this is preferable to Bernard's method of decolorizing the blood by means of sulphate of soda, and that it is equally applicable when operating on the solid tissues—the liver for example.) The sugar in the clear filtered liquid was calculated by means of Fehling's standard solution of sulphate of copper. The blood from the right side of the heart was found to contain 0·100 per cent. of saccharine matter, while that from the left side of the heart contained 0·085 per cent. The small quantity of sugar in the blood is easily accounted for by the animals having fasted about fifteen hours previous to the withdrawal of the blood. This result shows that very little sugar had been transformed during its passage through the lungs.

In another experiment which I performed on a cat* in an exactly similar manner, I found that the blood of the right side of the heart contained 0·18 per cent. of sugar, and that from the left an exactly similar amount. In order to be certain that I had made no mistake in the determination of the sugar by the volumetric method, I carefully collected the reduced oxide of copper, dried, and weighed it.—The amount of precipitate from both bloods was identical, thus confirming the result obtained by the volumetric method. I may here mention that Chauveau on one occasion found more sugar in the blood after than before its passage through the lungs. I also obtained a similar result, but was fortunate enough, however, to find that it depended upon the position of the end of the catheter when withdrawing the blood from the right side of the heart. The result, therefore, is of no value, either for or against the theory of the pulmonary destruction of sugar.

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* I had no means of knowing how long this animal had fasted. On killing him after I had obtained the blood, I found the stomach empty.

Being still occupied with this subject, I refrain at present from entering more into detail, or quoting other experiments in confirmation of the conclusions drawn from the above observations.

It is almost superfluous to state that the results of these experiments fully confirm the conclusion arrived at by M. Chauveau, that the sugar is not destroyed in any appreciable quantity during its passage through the lungs. This indeed appears to me what might have been anticipated when the true nature of the pulmonary function is considered. For what are the lungs? They are not laboratories, like the stomach, but merely an aggregation of little thin sacks, whose function is purely physical; at least in as far as respiration is concerned. The only "vital" offices which they perform are simply those required for their own developement and preservation. The mere absorption of oxygen and exhalation of carbonic acid gas would perhaps go on just in the same manner if a piece of gold-beater's skin occupied the place of the lungs. We now smile at Lavoisier's idea regarding the absorbed oxygen entering into immediate combination with the free carbon supposed to exist in the lungs for the formation of carbonic acid gas, and perhaps the next generation may with equal right ridicule the present idea of the combustion or fermentation of sugar in the lungs. Formerly it was believed, too, that the bile was burned in the lungs in order to keep up the animal heat; but this theory has been laid aside since the lungs were found to be the least warm of the internal organs. The blood takes but a second or two to pass through the lungs; so that if the saccharine matter is transformed in these organs, the process of transformation must be almost instantaneous. Granting that it is so, why, we ask, does the decomposition of the sugar take place in the lungs alone? We know that the presence of oxygen is not necessary for the transformation; and even if it were, abundance of that gas is to be found in the general circulation. It has been said that the presence of fibrin is necessary for the decomposition of sugar; if it is, are the lungs the only source of fibrin, or is the fibrin circulating in the capillaries of the pulmonary organs different from that in the capillaries of the rest of the body? Chemistry has as yet failed to have made any difference; and as there is plenty of oxygen as well as fibrin in the general circulation, I see no reason why the transformation of saccharine matter should be entirely performed in one organ of the body. If Bernard is right in saying that the whole sugar is decomposed by the lungs, there must exist in these organs a something possessing the specific property alluded to.

Are there any peculiar cells in the tissue of lung which secrete a substance capable of transforming the saccharine matter? I am well aware that Verdeil discovered an acid in the pulmonary tissue to which he gave name of pneumic acid, and that Bernard imagined it possible that this substance might have the power of transforming the sugar in its passage through the lungs; but this was only a vague hypothesis, without any evidence to support it.—Pneumic acid was not known to have the property of decomposing sugar.*

Again, it might be asked, Are there any peculiar cells in the walls of the pulmonary capillaries which have the magical power of transforming the sugar as it is rapidly carried past? Or does the blood, arriving at the lungs for the purpose of arterilization, leave the capillaries to become in any way incorporated with their tissue? No positive answer can be found to either question. Where, then, is a single proof of the destruction of saccharine matter occurring in the respiratory organs? except that Bernard found large quantities of sugar on the right, and very small quantities on the left side of the heart, and has been supported in this view by Dr. Pavy. Chauveau, on the other hand, has shown that carefully executed experiments give an opposite result; in which opinion the conclusions drawn from my own investigations lead me entirely to coincide.

Having made these few remarks upon the probability or non-probability of the sugar being destroyed in the lungs, we now take a cursory glance at what may be called the opposite side of the question. Does the saccharine matter disappear in the capillaries of the general circulation? This question has been answered in the affirmative by M. Chauveau, who found that blood drawn from a vein contained less sugar than that taken from the corresponding artery. I may here very briefly quote one of my own experiments in confirmation of this statement. I took from the femoral artery of a middle-sized dog, four hours after he had been fed with animal food, one ounce of blood, and from the corresponding vein an exactly similar quantity. On analyzing these bloods, I found the arterial to contain 0.24 per cent., while the venous blood contained only 0.16 per cent. of saccharine matter. This fact seems to be supported by analogy, when the probable uses of sugar in the animal body are taken into consideration. We now know, for example, that all animals, from a very early period of their development in the uterus up to the time of their maturity and decay, have a sugar-generating apparatus in more or less active operation. We know that daily and hourly, so long as the liver remains in a normal condition, it is manufacturing saccharine matter from the ingesta, be they animal or vegetable. We further know that during digestion, when the blood is loaded with nutritive materials, and when, consequently, the assimilative process is looked upon as being most active, the greatest amount of sugar is thrown into the general circulation. These and similar facts clearly indicate that sugar must play an important part in the nutritive process, and almost force us to believe that, like the other nutritive materials poured into the blood, it furnishes to the different tissues and organs some of the substances necessary for their development and repair. Not only am I disinclined to admit that sugar is supplied to the body for the purpose of keeping up the animal heat, but I am even loth to believe that any individual substance is taken into the system solely for that purpose. On the contrary, the production of animal heat may be regarded as a matter of secondary importance, and simply as the necessary result of the chemical changes which occur during the metamorphosis of the tissues.

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* Dr. Cloetta, of Zurich, has found pneumic acid to be a product of decomposition, and composed of taurine &c.

If, then the sugar formed by the liver goes to the support of the system, it is easy to understand how it should disappear from the general circulation during its transit through the minute capillaries of the different tissues. It will, in fact, leave the blood vessels, to be transformed and incorporated in the animal fabric. On a former occasion I showed by direct experiment how some of the chemical changes by which the nutritive materials are prepared for assimilation constantly take place in the blood;* and it can scarcely be doubted that the saccharine matter takes part in these changes. In this way we are able to account for the disappearance of some sugar from the blood during its transit through the lungs, without being compelled to believe that its transformation depended on any peculiarity in these organs or in their contents. The theory of the disappearance of saccharine substances from the general circulation seems, as far as science has yet advanced, to be equally supported by reason and confirmed by fact; and although future research may cause physiologists to modify this opinion, we can never be blamed for having deduced it from the data which we at present possess.—*Medico-Chirurgical Review.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, SEPTEMBER, 1857.

Dr. Horace Green, and the Sponge-Armed Probang.—Among the "curiosities of Medical experience" none are more "curious" than the history of Dr. Horace Green, his mode of treating diseases of the Throat and Lungs, his professional course and the course pursued by many eminent members of the profession in connexion therewith.

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* April and October, 1855, and April, 1856.

If our memory serves aright the succession of events has been somewhat after this fashion :—

When " Green on Bronchitis " first appeared, and it was therein stated that he was in the habit of passing a Sponge-Armed Probang through the glottis; the Physiologists stoutly declared the thing impossible, and in all quarters Dr. Green's ignorance of Physiology was boldly asserted. But when many eminent physicians became convinced that the thing was not only possible but an excellent mode of applying remedies, the quidnuncs all at once discovered that it was *nothing new*, but had been long practiced in Paris by M. M. Trosseau, and Belloc. Since then Dr. Green and his mode of practice have been subject to all sorts of criticisms by all sorts of men. The result has been that he has pursued a sort of empirico-regular course, and has required fame and fortune by swabbing all sorts of throats, affected by all sorts of diseases.

Two yeare ago he and his probang were put on trial before a committee of the N. Y. Academy of Medicine ; a trial not at all creditable to the Academy, or its committee.

Lately a new statement has appeared on this subject ; the Paris correspondent of the New York Daily Times writes as follows :—

> " A few days ago, Dr. Trousseau, while lecturing on an operation of tracheotomy (his two hundred and fifth operation of the same kind !) for the relief of croup, referred to the operation of Dr. Green, and spoke in the following words in regard to that operation :
> ' The learned professor denied that *anybody*, *anywhere*, ever introduced, after Dr. Green's method, the sponge probang into the larynx. ' A student of Dr. Green's,' said M. Trousseau, ' who was here two years ago, a gentleman who professed to understand perfectly Dr. Green's method, who had himself practiced the operation under Dr. Green's eyes, attempted to perform the operation here, in this hospital, at my request. He failed entirely ; his probang arrived on the opening into the larynx, was pressed there, and then passed on into the œsophagus (the canal leading into the stomach). I convinced him of the fact. I have tried this operation very often,' continued M. Trousseau, ' after the directions of Dr. Green's Treatise on the subject. I had tried it long before the appearance of that treatise,

both on the living and on the dead subject. I have put all the good will possible into my experiments, and I have never been able to succeed. More than this I have convinced myself that the operation after this method is IMPOSSIBLE, and that it has *never been accomplished by Dr. Green, or any one else.*' '

The writer furthermore avers that ' the words of Trousseau quoted above, are the declarations of the profession of France thrown out to the Faculty of New York, and that Dr. Green himself, and the Faculty of New York as well, owe it to themselves, after this speech of M. Trousseau, to endeavor to put this dispute once for all at rest. Either Dr. Green ought to be discarded from the profession and from his high position, or he ought to be declared *and proved* to be entitled to the honor of this important discovery.' "

This calls out Dr. Green, who in a pamphlet of 14 pages proves so far as evidence can go, not only that *he* passes the probang through the Larynx, but that it is daily done by *numerous practitioners* in all parts of the country. We transfer the following letters to our pages as the testimony of men in whom we have the utmost confidence :—

Dr. Conant, one of the most accomplished anatomists of New York City, and Professor of Surgery in the University of Vermont, testifies as follows :—

" DR. GREEN :—*My Dear Sir*,—In 1854, soon after Prof. Erichsen's work was published, I was appointed physician in the Mott Street Cholera Hospital ; and as, at that time, the question, of the practicability of introducing the sponge-probang into the larynx, was much agitated, I made many experiments upon the cadaver. In more than one hundred cases, I succeeded in passing the sponge-probang into the trachea ; in more than fifty of these cases, I performed tracheotomy, and in every instance found the sponge in the trachea. Many of these operations were witnessed by members of the profession in this City. I have also operated many times since, before my classes in the dissecting room, and before the public classes in the University of Vermont, and always with the same result.— Never, in any of the operations I have performed, have I experienced the difficulty spoken of by Prof. Erichsen ; nor have I, in a single instance found the probang distorted into those ' extraordinary curves ' which he has represented in the article on this subject, published in the *London Lancet* for December, 1855. The operation on the cadaver is so perfectly easy that students are as readily taught its performance as the introduction of the catheter into the bladder. Upon the living, the operation is more difficult, but perfectly practicable. I have seen Prof. Carnochan pass the sponge-armed probang down to the opening made in the trachea of a cut-throat. By the kindness of Dr. Turner, of the Kings County Hospital, I had an opportunity, on the 22d instant to try the operation upon an adult, and also upon a young child, in both of whom trachetomy had been performed, and was successful in both cases, in passing the sponge-probang into the trachea. Yours Truly, D. S. CONANT.

From Dr. Barker, Prof. of Midwifery in the N. Y. Med. College.

My Dear Doctor,—In reply to your note I am most happy to say that I have had conclusive evidence that the sponge-probang has been passed through the larynx into the tracea in repeated instances:

1st. In a patient of Dr. Carnochan's, who, in a fit of delirium during illness, had attempted to commit suicide by cutting his throat, there remained a permanent opening into the trachea. I saw Dr. Carnochan pass the sponge-probang down through the larynx until the sponge made its appearance at the opening of the trachea.

2d. In another patient that I saw at your office, there was a stricture of the œsophagus from malignant disease, about four inches below the pharynx, through which a tube could not be passed; yet I saw you, in the presence of several other medical men, pass the sponge-probang down at least ten inches.

3rd. In some few patients of my own, I have distinctly seen and felt the sponge externally about an inch above the sterum. When passed down the œsophagus, it can neither be seen nor felt externally,

4th. I have heard intelligent patients, many of them medical men and able to determine the point by their own sensations, *affirm* the passage of the sponge into the trachea. I see no reason for discrediting their statements.

5th. I regard the *positive* testimony of such men as Prof. Bennet and Dr. Scott, of Edinburgh, Dr. Watson of Glasgow, Dr. Cotton, at the Hospital for Consumption at Brompton, Dr. Hastings of London, and many others, distinguished in this department of practical medicine, that they have in numerous instances, performed this operation, as far outweighing any amount of *negative* testimony, from ' anybody anywhere.' *Negative testimony*, under these circumstances is simply a confession of individual incompetency and inability.

6th. That there is no anatomical impossibility in passing the sponge through the larynx into the trachea, is proved from the fact that the operation can be easily, and has been repeatedly, demonstrated on the cadaver. Very sincerely yours,

FORDYCE BARKER.

70 *Union Place, July* 25, 1857."

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(For the N. H. Journal of Medicine)

ENTERITIS CAUSED BY FÆCES IN THE APPENDIX VERMIFORMIS.

BY WM. WESLEY WILKINS, M. D.

Nathaniel Wiggin, fifteen years of age, came under my care August 8th, 1857. He has been unwell for a week; suffering at first from chills, followed by diarrhœa and vomiting, attended with cramping pain in the abdomen,

The diarrhœa has ceased, and for the last three days he has had no discharge from the bowels. His parents report, this morning, that he has passed a restless night; slept very little, if any; vomited ten or twelve times during the night. The matter vomited has a uniform greenish appearance. Each effort at vomiting is attended with severe colic pains in the bowels. He is very restless, tossing himself about the bed.

He has no appetite; tongue slightly furred; skin cool; pulse 80; urine natural in quantity and appearance; bowels are not swollen and not unusually tender. No head symptoms or unusual thirst. Gave the following mixture:

℞. Tinct. Lavandulæ.
Tinct. Opii. aa. f.℥ j.
M.

The patient to take a drachm every three hours, or whenever he feels inclined to vomit.

Also to take every six hours the following:

℞. Rhei. Pulv. gr. j.
Sodæ Carb. grs. ij.
M.

and warm enemata.

Aug. 10th. Appears more cheerful. Wants to know what he can have to eat. Reports that he has not vomited since the 8th. Has not had so much pain in the bowels. On pressing the bowels firmly with the hand, he complains of some tenderness and pain. The abdomen is swollen but little, if any. I can discover no tumor nor any external indications of a hernia.

The enemata brought away but little fæcal matter. Skin moist, tongue clear, and all the symptoms more mild.

Continue treatment, and if the bowels do not move before tomorrow morning, give a dose of Castor oil.

11th. Vomiting returned after taking the oil which was given last evening, and the dose repeated this morning with similar effect. Gave pills containing half a drop of Croton oil each. One to be taken, and if no operation ensues, the dose to be repeated in five hours.

12th. Saw him in the evening. He has had three slight discharges from the bowels. The vomiting has continued, at short intervals. The matter vomited within the last few hours has the consistence and color of liquid fæces, and a slight fæcal odor. Gave

℞. Morphia Acet. gr. ij.
Aqua f. ℥ ij.

The patient to take a teaspoonful every three hours.

13th. Apparently more comfortable. Has had less pain in the bowels. Vomiting has not recurred since last evening. The pulse are quick and small. Continue the Morphia and add Carbonate of Ammonia in five-grain doses every six hours, discontinuing all other treatment.

14th. Has been delirious throughout the night. The pulse cannot be felt at the wrist; coldness of the hands and feet; shrunken features; cold sweats and death at 9 o'clock, A. M.

Autopsy twenty-eight hours after death, in the presence of Dr.

Sanborn and the young man's father. Rigor mortis but partially established. The abdomen distended and discolored. On opening into the abdominal cavity the gangrenous smell, and the presence of fæcal matter attracted our attention. The appendix vermiformis was partially adherent to the cœcum, and lying in the softened appendix is a lump of hardened fæces.

The appendix was so softened that it broke down upon a slight pressure from the fingers, and the mass was removed without the aid of instruments. The lump was hard and of an oblong shape, about one-half an inch long and three-eights of an inch in diameter. The appendix was from four to five inches in length, and this lump of fæces had been forced to within an inch of its free extremity.

The cœcum, in contact with the appendix, had sloughed, and it was through the opening thus formed that fæcal matter had been extraversated.

The other organs were but cursorily examined on account of the condition of the body. The intestines showed traces of inflammation, but aside from the cœcum these traces were but slight.

Henniker, N. H., Sept. 1, 1857.

(For the N. H. Journal of Medicine)

POISONING BY OPIUM:

TREATMENT BY HOT WATER APPLIED TO THE FEET.

Mr. Editor:—The following account of a case treated by me in 1848, is at your service:

A child six years old drank from a vial partly full of Laudanum, but how much was swallowed could not be ascertained.

It not only produced complete insensibility, but there was no pulse except very slight in the carotid artery; not the least sign of respiration could be perceived, and the child was as pale as death.

I immediately called for scalding water, and applied it to the child's feet with a handful of cotton cloth. In a moment or two it drew up its feet, gasped and then relapsed into its death-like appearance. Again I applied the scalding water with the same result, and at each relapse it seemed as though it was its last death gasp. Thus I continued sitting for three whole hours on a foot-stool at this child's feet, applying hot water to them with a cloth as often as the child would cease to draw them up from me; and saved the child's life. The friends, except the mother, begging me .not to punish the child with the hot water, saying it would do no good, as the child was all but dead and must die.

Warm water will not answer; *it must be hot* or it will do no good in such *extreme* cases. The battery will not work to arouse the brain with anything short of *hot water.* The child's feet were not blistered by the hot water, as it was kept on them only until they were drawn from me.

This treatment was followed by stimulating injections, beef tea, and an occasional application of the hot water for the next twelve hours, so as to prevent sleep. N. L. FOLSOM.

Portsmouth, September, 1857.

THE LATE DR. MARSHALL HALL.

Marshall Hall is dead. There are few men among the physicians of England whose names are more familiar to the profession of the whole world, and there are few whose death will be a greater loss to humanity. Entirely devoted to scientific pursuits, his investigations, always marked by originality, had for their end the benefit of his fellow men. His mind was not content with the simple discovery of truths, but strove to turn them to good account, to give to them some practical result. It was this peculiarity, as well as his long and eminent career, that has made his name a household word. And such it must continue to be. His last contribution to the knowledge of his fellow men,—viz: the series of rules drawn up by him for the treatment of drowned persons, and known as the Marshall Hall method,—promises to make his fame still greater; and many will yet owe their lives, as many already do, to his discoveries and wise deductions from them.

The last, and we believe the only visit of this savan to this country, was in 1853–4, and was made in the pursuit of health, as well as with the desire to see America. At that time we had the honor of meeting him repeatedly, and were always interested and instructed by his conversation. He was not a talker, but rather disposed to reserve and silence. But when we touched upon those scientific subjects to which his life was devoted, he warmed up with enthusiasm, and the assurance of a common interest in those pursuits and investigations drew him closely to one. We have reason to know that the high regard expressed for him by the profession in this country, was grateful to him not so much because it touched his vanity, as that it assured him that his labor was appreciated.

At the time of his visit to this country, he was endeavoring to devise an improved method of opening the trachea in those cases in which it became necessary, and especially for the relief of epilepsy. The enthusiasm with which he investigated every case which promised to be of use to him, will be remembered by all who witnessed it. The results of those labors were not so great as he had hoped they might be, but with true wisdom, instead of vainly regretting this, he employed himself in new directions.

The announcement of his death is made in the *London Lancet* of the 15th of August, and with such particulars concerning him as will interest our readers. We therefore copy from that journal, only protracting our own remarks to say that he will be sincerely mourned by the medical profession of America.—*Am. Medical Monthly.*

Death, that most unsparing of tyrants, has exacted from the greatest physiologist of the age the last debt of nature. Slowly, surely and relentlessly, disease has been undermining the earthly tabernacle of a mind which, for vast powers, high purposes, and indomitable energy, has found no superior in its native land in the present half-century. On Tuesday last, the 11th inst., Dr. Marshall Hall died at Brighton, aged 67 years.

It is impossible to record this melancholy event without feelings of the deepest sorrow. The loss is one which all must feel most keenly who have a reverence for high endeavors, for earnest devotion to science, and for all the sterling qualities which can adorn a man. Science has lost the worthiest of her sons, medicine has lost a great master, and philosophy a great thinker. The clear and vivid intellect of this celebrated man has steadily and successfully risen superior to the depressing influences of disease for the last fifteen years. Even during the present year, when confined to one room, his chamber has been a scene of intellectual activity. Physical debility, which robs most men of their power of thinking and reasoning, had not dimmed the brightness of his wonderful mind. Clear and penetrating, and impelled by a wide philanthropy, the last contribution of Dr. Marshall Hall to science has been a pre-eminently useful one to the cause of humanity. It is thus that great men should die. There is a grandeur in such a life-end, to which the mere external grace of a falling Cæsar is not for one moment comparable.

Dr. Marshall Hall was born at Bashford, in Nottinghamshire, in the year 1790. His father was a manufacturer, and a man of no small capacity and information, and had the merit of being the first person to perceive the value of chlorine as a decolorizing agent, and applying it on a large scale. The gifts of intellect were bestowed with no sparing hand in this family. The father and two sons fully vindicated their claims to high intellectual endowments. But Dr.

Marshall Hall has eclipsed his less brilliant relations. What in them was acumen and sagacity, was developed in him into genius. There was in him that rapid and far-searching intellectual vision which travels into regions far beyond the common ken of man, visible and appreciable only to the eagle glance of an almost prescient inquirer.

The history of such a man cannot fail to present numerous points of interest. The investigation of the rise and progress of a mind which has ever been foremost in the ranks of science, must afford many good and useful lessons. No fitful glare can be recognized in this life—no charlatanic attempt to pluck a crown of laurels which was not deserved; but a stern, conscientious, and faithful continuance of patient scientific toil, and the solid reward of a vast reputation.

The first step in Dr. Marshall Hall's education was taken at Nottingham Academy, then conducted by the Rev. J. Blanchard. From this school he went to Newark, where he acquired some elementary medical and chemical knowledge. But the first salient point in the life of Dr. Marshall Hall was his matriculation at Edinburgh University, in the year 1809. For a vigorous and apt mind, no better school could then have been chosen. In the present day it is hardly possible to realize the enthusiasm which inspired Edinburgh at that time. There were giants in those days. Enthusiasm, indeed, is almost too tame a word. There was a furor, an excitement produced by the united influence of a complete galaxy of talent. It was impossible but that such men as Cullen, Home, Rutherford, Gregory, Hamilton, Bell, and Barclay, should kindle in the ardent minds of a vast concourse of students a flame which should burn with answering brightness to their own. From the school of that time we know many great men have sprung. It is unnecessary to particularize names which are "familiar in our mouths as household words." In that genial atmosphere, then, did Marshall Hall first imbibe that enthusiastic love of science which has been his most marked characteristic. With youthful impetuosity he plunged into the study of chemistry. Not content with merely assimilating the accepted doctrines of the science, he boldly endeavored to push its boundaries farther. With wonderful power of generalization for so young a man, and with such small materials as then existed for the purpose, Dr. Marshall Hall pointed out that there was a grand distinction between all chemical bodies, which ruled their chemical affinities. He showed that this distinction was the presence or absence of oxygen. That oxygen compounds combined with oxygen compounds, and compounds not containing oxygen with compounds similarly devoid of that element; and that the two classes of compounds did not combine together. He believed that this general law would elucidate other chemical doctrines, and might prove valuable in the prosecution of still more recondite principles. But a mind of such soaring aspirations was not likely to confine itself even to such a comparatively wide field as chemistry. The vast domain of medicine was before our student, rich in unexplored regions, abounding in all that could excite his eager spirit of inquiry, and reward his love of definite results. It was exactly at this period in the history of modern medicine that physicians were taking stock, as it were, of their old principles. Morbid anatomy, pursued in close connection with clinical medicine, was showing the defects of diagnosis. With the sagacious eye of one who was capable of seeing that the great necessity of the day was a science of diagnosis, Dr. Marshall Hall threw himself into the prosecution of this immensely important department of medicine at once. Here again we find fresh evidence of his eminently progressive spirit. No mere systematizing of what other men had gathered, but an original and comprehensive treatise resulted from the labors of his student life and early years in the profession.

In 1812 Marshall Hall took his degree of M.D., and shortly afterwards was appointed to the much-coveted post of house-physician under Drs. Hamilton and Spens, at the Royal Infirmary of Edinburgh. In the following year we find Dr. Hall lecturing on the Principles of Diagnosis to a class, among whom were Dr. Robert Lee and Professor Grant. It was from this course of lectures that the treatise on Diagnosis, which was first published in 1817, took its origin.

In 1814 Dr. Marshall Hall left Edinburgh, after a residence there of five years. Great as was the individuality of this remarkable man, we cannot but point out that he was reared in a great school, taught by great men, and infected with an enthusiasm which pervaded, in some degree, all who came within its magical circle. Before entering upon his career as a private practitioner, Dr. Hall determined to visit some of the continental schools. We find him, therefore, shortly after his departure, successively in Paris, Berlin, and Gottingen. The journey was made partly on foot, and armed. At Gottingen Dr. Hall became acquainted with Blumenbach.

In 1815 Dr. Marshall Hall settled at Nottingham as a physician, and he speedily acquired no small reputation and practice. After a time, the appointment of physician to the General Hospital there was conferred upon him, and in that sphere he labored until his removal to London, about ten years after his first settlement at Nottingham. Of his work on Diagnosis it is almost unnecessary for us now to speak in terms of praise. Comprehensive, lucid, exact, and reliable, this work has, in the main, stood the test of forty years' trial. A better has not been produced. It was at this period of his career, too, that Dr. Hall made his researches into the effects of he loss of blood, the result of which was embodied in a paper read before the Royal Medical and Chirurgical Society in 1824. This paper and another in 1832, detailing Dr. Hall's "Experiments on the Loss of Blood," were published in the "Transactions of the Royal Medical and Chirurgical Society." It is hardly possible to overrate the importance of these inquiries. They revolutionized the whole practice of medicine. A new light broke in upon the medical world. A distinction, not recognized before, was drawn between inflammation and irritation. It was pointed out that delirium and excitement were by no means necessarily declaratory of cerebral or meningeal inflammation, or even congestion. Loss of blood was shown to be at the root of much that had passed before for various grades of inflammation. Practical rules were educed both for treatment and diagnosis. It was shown that active inflammation produced a tolerance of bleeding from a free opening in the upright posture; and the rare merit of supplying at once a rule of treatment and a rule of diagnosis was Dr. Marshall Hall's, Other works came forth from his pen about this time, for his mind was teeming with ideas, and his activity as an observer was unparalleled. It is hardly possible to enumerate all, but in 1827 came the "Commentaries upon various Diseases peculiar to Females"—a work which may still be consulted with advantage.

It was in 1826 that Dr. Marshall Hall sought this great metropolis as the umbilicus of the world. So active and earnest a mind could not find enough to satisfy its eager cravings in a provincial town. It was here, in this mighty city, that he determined to measure himself again with numerous competitors, and to win, if possible, all the honor and all the rewards that fortune can give to those who woo her stoutly. The mind of this great man was essentially metropolitan and liberal. A fair field and no favor, and victory to the strongest, were the characteristics of his mind.

The next onward step in Dr. Marshall Hall's career was a series of researches into the circulation of the blood in the minute vessels of batrachia. A great step in physiology resulted from these. It was shown that the capillary vessels, properly so-called, are distinct absolutely, both in structure and function, from the smallest arteries or veins: that the capillaries, or *methamata*, are the vessels in which the nutritive changes in the economy are carried on.

But the great source of Dr. Marshall Hall's honor, the basis upon which his fame must rest in all time to come, was yet undeveloped; his paramount claims to the admiration of his contemporaries and of posterity consists in his discoveries concerning the nervous system. Like all really important discoveries in natural science, those of Dr. Marshall Hall have had great practical effects. The soundest theory has been shown to be the best foundation for practice. That stupid heresy, that there is a vital distinction between the practical and theoretical man, was never more completely disproved than in the case of Marshall Hall. But we must endeavor to trace the progress of his researches. While engaged on the Essay on the Circulation of the Blood, it happened that a triton was decapitated. The headless body was divided into three portions: one consisted of the anterior extremities, another of the posterior, and a third of the tail. On irritating the last with a probe, it moved and coiled upwards; and similar phenomena occurred with the other segments of the body. Here, then, was a great question. Whence came that motor power? To set at rest that question, to solve that problem, has been the great labor of Dr. Marshall Hall's life.

The establishment of the reflex functions of this spinal cord; in short, the whole of the excito-motor physiology of the nervous system is the sole work of Dr. Marshall Hall. And not only this, but he has shown that there are in reality THREE great classes into which the various parts of the nervous system resolve themselves; the cerebral, or sentient-voluntary; the true spinal, or excito-motor; and the ganglionic. This was the real unravelling of that perplexed and tangled web which none had before been able to accomplish.

The true idea of a nervous centre could never be said to have existed before the time of Marshall Hall. The ideas of centric and eccentric action, of reflexion, &c., so necessary to the comprehension of nerve-physiology, were unknown before the labors of this great discoverer. But these physiological discoveries were not mere barren facts. How rich a practical fund of therapeutical measures naturally follows the physiology and pathology of the excito-motor system, every well-informed physician can testify. Two departments of medical practice have gained incalculably. The success of Dr. Marshall Hall in the treatment of nervous diseases was almost entirely the result of a rigid application of his own physiological discoveries to their pathology and therapeutics. Obstetricians have found their art elevated more than any other branch of medicine. In the place of uncertain and empirical rules, there are now definite and scientific principles upon which to fall back, with the unhesitating assurance that they will stand in good stead. The most complicated of all physiological acts, viz: the act of parturition, has, by the aid of the excito-motor system, been unravelled and reduced to beautiful harmony, if not simplicity. In like manner, many of the diseases of pregnancy are explained and illuminated by the same physiological knowledge. Innumerable symptoms of other diseases are rendered intelligible and rational, which before were obscure and empirical. But to follow out the influence of Dr. Marshall Hall's discoveries through their numerous and important ramifications would be almost to write a volume on the principles of medicine. It is impossible to say when we shall cease to find some new and important application of his discoveries to the great art of healing.

We cannot pass by this period of Dr. Marshall Hall's life without remarking upon the disgraceful treatment he received from the Royal Society. The days of persecution had happily passed by, but the day of dull obstructiveness still remained. The Royal Society thought Dr. Hall's memoir "On the True Spinal Marrow and the Excito-Motor System of Nerves" unworthy of publication! So much for the acumen of this Society. A very different verdict has, however, been given since by the great body of scientific men; and the Society, which formerly received this great man's contribution coldly, now mourns the loss of its brightest and most illustrious member.

Since the promulgation of his researches upon the nervous system, Dr. Marshall Hall has been principally occupied with extending, applying, and developing them in every possible direction. The admirable success with which he indoctrinated the profession at large with his views must be attributed as well to his native lucidity as to their inherent truth.

During the time of Palmer's trial, it occurred to Dr. Hall to institute a physiological test for the recognition of strychnia. As if to show the absolute correctness of his views, and how unlimited were the number and nature of the scrutinies they would bear, he found that a frog, immersed in water containing $\frac{1}{5000}$ part of a grain of strychnia, would, in process of time, be thrown into tetanic convulsions. For the details of these experiments we must refer to the *Lancet* of last year. The physiological test was found to be far more delicate than the chemical. Here was an instance of sagacity and precision of thought which would have done credit to any man in the flower of his age.

The last and crowning effort of Dr. Marshall Hall in the cause of science and humanity has been his discovery of what is now universally known as the "Marshall Hall Method" of restoring asphyxiated persons. How completely and irrefragably he has proved the inutility and danger of the practices hitherto in vogue for the resuscitation of asphyxiated persons! Space prevents us from going into the theoretical details of Dr. Marshall Hall's method; but our columns have, for any time these last six months, contained overwhelming proofs of its *truth* and adaptation to practice. It is pleasing to find that this last labor of a great mind has been a labor of love, something added to the stock of human happiness, something taken away from the bitterness of life. It is singular enough that in the very place where Marshall Hall has drawn his last breath, two cases have lately occurred illustrating the superiority of the "Marshall Hall Method" over the empirical rules of the Royal Humane Society. In one case of drowning the warm bath was administered; in another, the "Marshall Hall Method" was resorted to: in the first case death was the result; in the second, restoration to life. It is also remarkable that in this number of our journal should be recorded three more examples, illustrative of the successful application of the "Marshall Hall Method" of treatment. It is curious, too, that one of them should have occurred at Nottingham.

In the practice of his profession, Dr. Marshall Hall was very successful. He linked himself early and resolutely to a great subject, and rose into fame upon his development of it. He realized an ample fortune as the reward of a life of unremitting toil. We do not mean to imply that competency was hardly earned under such conditions. Such a man would have been less than happy in a different sphere. Labor was to his restless and indomitable spirit a necessity. Even now, when we are recording the death of this illustrious and lamented physician, there is a volume in the press,—a recent effort of his prolific mind; and until within two months before his dissolution, the mental energies of this extraordinary man were engaged in preparing for publication, in *The Lancet*, a series of papers, entitled, "The Complete Physiology of the Nervous System."

It is somewhat remarkable that Dr. Marshall Hall never held the office of physician in an hospital in London. He was only physician to a dispensary for a short time. He lectured at the Aldersgate-street and Webb-street School of Medicine, and also at St. Thomas's Hospital Medical School. He was a candidate for the Professorship of Medicine at University College upon one occasion; but owing, it is believed, to some improper influences, matters assumed such an aspect as to induce Dr. Hall to retire from the field.

We have thus far considered Dr. Hall as a man of science. In other relations of life he was equally deserving of our highest respect. As a politician, he was liberal in the highest degree. He was a strictly moral man, and was deeply imbued with a sense of the obligation of a *practical* cultivation of religion. That which he thought right to do, he *did*, with unswerving honesty and courage. All subterfuge, trickery, quackery, and guile, were utterly foreign to his nature. So simple and childlike was he in disposition, as hardly to be able to imagine in others the guile which had no home in his own breast. He was a kind husband, a most indulgent father, and a faithful friend. He married, in 1829, Charlotte, second daughter of Valentine Green, Esq., of Normanton-le-Heath, Leicestershire. Mrs. Marshall Hall's maternal grandfather was M. P. for Shaftesbury, and son of Dr. Cromwell Mortimer, physician to the Prince of Wales, father of George III. Throughout the protracted illness of Dr. Marshall Hall, the assiduous, devoted, and unremitting attentions of an affectionate wife were probably never surpassed. This testimony is due from personal observation of the fact. The deceased has left one son, who has relinquished the profession for the rural life of a country gentleman.

We must now close our notice of one over whose name we would fain linger. Melancholy as it is to say he *was* amongst us, our sorrow is stayed by the reflection that he did not live in vain. All that a grateful profession has to give to his memory will be given. We shall still think of him with affectionate respect as a Father in medicine, but as a child in the purity and simplicity of his mind. Though no title has adorned the name of the great Marshall Hall, we who are left behind will esteem him as one who would have graced rather than have been graced by honors however exalted. The *title*, which he preferred beyond all others, was that of the English physiologist.

The mortal remains of this distinguished man were, on Wednesday last, removed from Brighton to Nottingham, where, we believe, a post-mortem examination has been made by his brother-in-law, Mr. Higginbottom, his nephew, Mr. Higginbottom, Jr., and Dr. Ransom, physician to the Nottingham General Hospital. It is believed that the death of Dr. Marshall Hall was caused by exhaustion produced by a stricture of the œsophagus of many years' standing, accompanied latterly, it was considered by many eminent surgeons, with malignant ulceration of the part. Dr Alfred Hall, of the Old Steyne, Brighton, was one of the chief medical attendants of the deceased in his last illness. Sir Benjamin Brodie had long since pronounced the malady from which Dr. Marshall Hall was suffering to afford no hope of the application of any permanent remedy.

(For the N. H. Journal of Medicine.)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 261.)

CHAPTER VI.

Abscess of the Tonsil.

Abscess, very frequently, occurs in the tonsils. It may occur in both tonsils simultaneously; or, what is more common, both tonsils being inflamed, the one may result in suppuration, and the other in resolution. Quinsy—sore throat—is the term popularly applied to this affection, and is made to include the tonsils and soft palate.

It is seldom a fatal ailment, but the suffering is very great, and patients are willing to undergo almost any treatment which shall prevent its recurrence.

Causes. Abscess of the tonsil occurs more frequently during the variable weather of the spring and fall. Hence, sudden changes in temperature and cold damp weather are adduced as causes. All persons are not equally liable. Many individuals have an hereditary predisposition, and very slight exciting causes induce this form of abscess.

The strumous habit is particularly favorable for this abscess, and patients having enlarged tonsils are more frequently attacked.

A contiguous inflammation sometimes spreads and affects the tonsils. Venereal diseases and eruptions of the skin have both been assigned as causes. It is much more liable to occur in persons who have suffered previously in the same way. From the age of eighteen to forty is the period of greatest liability.

Symptoms. A slight dryness of the throat is usually the first symptom which attracts the patient's attention. Very soon the secretion of saliva is much increased. The soft palate becomes more or less involved. The uvula is elongated, and excites a constant desire to swallow. Both tonsils are usually much swollen, and deglutition is painful and difficult. As a consequence, the saliva runs freely from the mouth, and the patient is annoyed by a viscid mucus in the throat, which is removed with the utmost difficulty. The eustachian tube is liable to take on inflammation, and pain and ringing in the ear is the result. The swelling finally encroaches on the trachea, and respiration is labored. After a time the patient is only able to speak in a whisper, and if the swelling increases, suffers from aphonia. This stage of the affection is characterised by extreme suffering. Inspiration is attended with the utmost difficulty, and the danger of suffocation seems to be imminent.

There may be a good deal or very little constitutional disturbance. If the case is severe, there is a full, hard, accelerated pulse. There is a pain in the head, and a furred tongue. The face is red and there is a constant thirst. An examination of the throat discloses a color ranging from a bright red to a deep scarlet. The soft palate and uvula are much swollen, and the surface of the enlarged tonsils is covered with masses of lymph.

The case may terminate in resolution or suppuration. The former may occur spontaneously, or as the result of treatment. The latter, which is the more common termination, is indicated by its peculiar signs. The acute pain of the early stage has become dull and obtuse. The difficulty of swallowing and breathing is increased to the verge of suffocation. The voice is completely lost, and the patient makes known his wants by signs, or by writing. If the finger is applied to the tonsil, fluctuation may usually be distinguished without difficulty. If, besides this, the throat be inspected, the pointing of the abscess may frequently be seen.

The abscess, in the great majority of instances, bursts spontaneously, and the relief is usually immediate and entire. This is very likely to occur during sleep or a fit of coughing. Frequently, also, it happens while the patient is making an effort to dislodge the viscid mucus from the throat.

The pus is extremely fetid, and the breath is intolerable. Very rarely abscess of the tonsils points externally, but so seldom that it is to be regarded as an uncommon exception. Usually the tonsils resume their original size quite speedily. This, however, is not always the case; and they may remain permanently enlarged, or suppurate a second or even a third time. When this enlargement is so considerable as to interfere with respiration and deglutition, excision of the tonsils becomes necessary.

Sometimes a chronic inflammation and a generally relaxed condition of the throat remains. Very rarely gangrene may occur as a sequence of this affection, but so infrequent is it that there have been only a couple of cases recorded.

Treatment. The treatment of abscess of the tonsil is both general and local. In cases where the constitutional symptoms are severe, venesection has been strongly urged. If the character of the pulse is such as to warrant venesection, unquestionable advantage may be derived from it. But in the majority of instances the symptoms will not be of a character to indicate such a course.

One of the most efficient agents in the treatment is an active emetic. This should be given at the onset of the attack, and usually aborts the case at once. The following may be used :—

℞ Ant. et Potass Tart. gr. i.
Pulv. Ipecacuana ℈. j.
M.

Let this be taken with a small quantity of water; another scruple of Ipecac to be given in twenty minutes, if the desired effect is not produced.

At the commencement of an attack the advantage to be derived from the revellent and equalizing influence of an emetic, is very observable. At this stage an emetic should be selected which shall depress somewhat the nervous power. This should be followed by a mild saline cathartic. The weight of authority is against the use of mercurials in this affection. If the symptomatic fever is considerable, and remains after the emesis, a prescription like the following may be exhibited with advantage:—

℞. Vin. Antimon. ℥ i.
Spts. Æther Nit.
Liq. Ammon. Acet. aa. ℥ ij.
M.

Take a teaspoonful every three hours.

The force of the pulse and heat of the skin are usually much relieved in this way.

The local treatment may be quite extensive. If the general disturbance is considerable, and yet insufficient to warrant venesection, leeches may be applied to the throat over the tonsillar region; or cups may be applied behind the ears. Moderate counter irritation may sometimes be resorted to with advantage. A flannel wrung out of hot water and sprinkled with Oleum terebinthinæ, may be applied around the neck; or the linimentum ammoniæ may be used in the same manner. Internally, when the engorgement of the tonsils is very great, scarification sometimes gives relief. This should always be employed with the greatest caution. The instrument used should be a concealed lancet or a graduated blade. It should never be plunged into the tonsil to any depth, and should always be introduced obliquely. The vicinity of the internal carotid and branches to the tonsil, makes a wound of this organ a dangerous affair. Instances are not wanting to warn us of the danger. A case came within the cognizance of the writer in the practice of a highly intelligent practitioner. A young lady had engorged tonsils, and scarification was resorted to. A profuse and alarming hemorrhage was the result, to the extent that syncope was induced. This recurred at intervals several times, until the patient was very much debilitated. It was finally checked by the application of nitrate of silver in the stick and styptics. Watson also mentions an instance of an Irish gentleman who submitted to scarification of the tonsils; the internal carotid was opened, and death occurred in three minutes. And another instance is mentioned where the hemorrhage was very profuse, and checked, after much trouble, with caustic. Perhaps the most efficient agent in checking such a hemorrhage, is the actual cautery, which should be applied at once.

During the progress of a tonsillar abscess very great relief may be afforded the patient by the inhalation of the vapor of hot water. This may be accomplished by an inhaler, or a flexible tube may be attached to the beak of a tea kettle and the steam conducted directly to the patient's mouth.

Some practitioners advise the employment of gargles, while others condemn them. If a gargle is employed, the following may answer:

℞. Liq. Ammon. Acet.
Spts. Vin. Gallic. aa. ℥ j.
Aq. Destil. ℥ iv.
M.

Use as a gargle every six hours.

If the employment of such means as the foregoing does not induce resolution, every means should be brought to bear to promote suppuration. For this purpose emollient poultices may be applied externally and warm applications generally. The inhalation of the vapor of hot water may be still continued. The advantage to be derived from this agent, can hardly be over-rated. It gives great relief to the sufferer, and may be used with benefit during every stage of the disorder.

Pus having formed, the abscess may and usually does rupture of itself. Where the presence of pus is ascertained, and no rupture occurs, means should be taken to affect this. If the case is neglected, the pus may burrow and troublesome sinuses result. At times an emetic may effect the opening of the abscess. As we do not wish to affect the system, but simply get a violent expulsive action, an active emetic like sulphate of zinc, which will be followed by no depression, is the best. The abscess may also be opened with a guarded bistoury or a pharyngotome. But the danger is even greater than in the case of scarification, and for the same reason. For opening a tonsillar abscess, Burns gives the following directions: "One who is familiar with the parts in connexion with the tonsil, will, in entering the knife into an abscess here, take care not to direct its point in the line of the angle of the jaw; for he is well aware, that if he do this, he may injure a large artery. He will push the instrument into the front of the cyst, and carry it directly backwards, as if he intended to cut off a segment of the tumor; if he follow this course, and transfix the abscess, the worst which can happen will be injury of the back part of the pharynx, a trivial accident when compared with the effects resulting from opening a large blood vessel.

Patients are very liable to start suddenly during the operation, and unless a guarded blade is employed, the wound may be rendered so extensive as to endanger life.

Portal mentions a case occurring in the practice of a surgeon of Montpelier, where a large artery was opened and the patient perished on his hands. Burns mentions a Scotch surgeon, who, when opening a tonsillar abscess, plunged his knife into the carotid, and the patient "slept with his fathers." Tyrrell and Sir Benjamin Brodie both mention similar instances.

Accidents of this character are comparatively rare; and yet, as they have happened in the hands of the most skillful, it behooves every surgeon to take heed.

After the opening of the abscess, a soothing gargle containing honey, or some other bland material, should be employed. As the cavity of the abscess becomes less sensitive, astringents may be gradually added to the gargles—and if there is much debility, a generally tonic course may be adopted.

It remains to speak briefly of some complicating circumstances, which may arise during a tonsillar abscess. Sometimes abscess of the tonsil may point through the velum palati, and may be mistaken for some other affection. Such an abscess has been mistaken for a syphilitic ulceration. When it points through the velum, it is quite likely to burrow, and the pus is frequently slow in approaching the surface. Under such circumstances it should be opened early, as soon as fluctuation can be distinguished.

The bursting of a tonsillar abscess is not unattended with danger, especially when it occurs during sleep. A great amount of pus deluges the throat, the patient involuntarily inspires, and suffocation may be the result. Burns cites a case of this kind, so apposite that it may be profitably transcribed. The patient was a young man:—

"He had been complaining for a few days of a sore throat, for which he had consulted his surgeon, who had employed the usual remedies. The inflammation terminated in suppuration; the abscess enlarged, till at length, the tumor occupied almost entirely the fauces; yet, ten minutes before his death, he was walking about the house, restless indeed, anxious, and gasping for breath—the bursting of the abcess, and death followed each other so rapidly, that no measures could be taken to prevent the latter event. The cause of death was not conjectured in this instance. The body was examined and the trachea found deluged with purulent matter. To prevent a similar accident, it would be advisable, where the tumor is large, and the difficulty of breathing great, to puncture the abcess as we would a hydrocele; were the matter evacuated through a canula, there would be no risk of its finding its way into the windpipe, and if the stilet were made to project only a little beyond the canula, the trocar may be as safely used as any other instrument.

On the whole, it must be admitted, that the employment of the knife about an inflamed tonsil is usually attended with too much danger to warrant its use. And yet sometimes the danger is equally great when there has been no interference. The following is a case in point.

Case I.

A. P., a boy of sixteen, contracted a cold. This happened in the spring of 1828, after exposure to cold wet weather. He came of a tuberculous family, several members of it having died of phthisis. A peculiarity of the family, was a tendency to hemorrhage in one form or another. It was observed in cases of typhoid fever occurring among its members, that hemorrhage from the bowels always occurred. The same was observed to be true of all pulmonary affections. The extraction of a tooth, or any slight injury was always followed by a hemorrhage much more profuse than is usual from such lesions. This patient complained of a sore throat, and was generally out of tune. The tonsils were swollen, and deglutition was difficult and painful. The swelling in the throat increased, respiration was difficult and there was complete aphonia. The patient had an abscess of the left tonsil without anything very unusual occurring until the formation of pus.

The usual means were employed to promote suppuration.

The abscess at length burst, and the more urgent symptoms were immediately relieved. The cavity of the abscess was of considerable size, but the patient was manifestly improving, and was considered convalescent.

Three days after the bursting of the abcess, the patient was about the house, apparently feeling in his usual health. He went to bed and was so comfortable that his nurse left him, and retired for the night. Shortly afterwards, a noise was heard, apparently proceeding from the patient's apartment. The room was immediately entered, and the patient found with the blood pouring from his mouth in a stream. He was unable to speak, and in twenty minutes, he was dead.

In this case the abscess burst of itself, the internal carotid was opened by ulceration, and the patient perished from hemorrhage.

A similar case occurred in the practice of a physician in this State, and death occurred in the same way.

Numberless instances of abscess of the tonsil might be added, where the symptoms followed the course already indicated, and terminated in recovery. But it is hardly necessary to cite cases which are so common in the practice of every physician.

At the same time, while we congratulate ourselves on the innumerable number of cases which terminate favorably, the fatal instances before mentioned can not but teach us that not the least of human ills, is an abscess of the tonsil.

(To be continued.)

HYDRARGYRUM CUM CRETA. AND PILULÆ HYDRARGYRI.

By Edward R. Squibb, M. D., U. S. Navy.
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These mercurial preparations which are so valuable in consequence of their gentle, mild and manageable action, depend for their characteristic qualities upon the form in which the mercury is contained in them, and the preparations are mild and manageable just in proportion as the metal is properly comminuted, and free from oxidation.

It is quite common to hear physicians complain that they have been forced, within a few years past, to abandon the use of mercury with chalk, because it so commonly excites vomiting and gastro enteritic irritation; whereas, in the practice that has come under the personal observation of the writer, the preparation of the Pharmacopœia has never produced any such effects. The writer has therefore long coincided in the belief that these bad effects are due to the oxidation of the mercury in the short and faulty processes often adopted in preparing the medicine.

In a paper from the Editor of this Journal (Vol. 22, pp. 113. et seq.,) it was pretty clearly shown that such conclusions were correct and reasonable; and it then only remained to be determined whether these labor saving processes were the only causes of oxidation; and to obtain some easy practical method of ascertaining the condition and quality of any given sample.

In the preparation of mercury with chalk, there are two opposite conditions equally to be avoided. When the trituration is insufficient there is no oxidation, but the mercury remains in almost its original inert condition, although the globules may not be visible to ordinary observation even with a lens. The surfaces of the globules become covered and hidden by the fine powder of chalk, so that though large, they are not easily seen. Such specimens, unless artificially colored, are of a very light color, and upon admixture with water afford in a moment a nearly white mixture, from the rapid subsidence of the mercury.

On the other hand, when the trituration is too long continued, the mercury becomes too finely divided, and in this condition oxidizes too rapidly and too readily, as well in the primæ viæ when administered, as during the process of preparation and in the keeping.—In the trituration of the materials in the ordinary way no appreciable oxidation occurs until the globules become too small to be seen by the naked eye. But after this point has been passed, the rate of oxidation increases rapidly as the mercury becomes more and more divided, until finally it may be in large proportion converted into a sub-oxide by oxidation from the air. The art of making a good preparation, therefore, consists in excluding the air wholly or partially during the process, and in arresting the trituration at the proper time. Very finely divided mercury oxides and dissolves very easily, becoming first a sub-oxide, whilst this sub-oxide in its turn is still more easily converted into per-oxide and metallic mercury. Thus the sub-oxide, which under ordinary circumstances is among the mildest of mercurial compounds, from the instability of its chemical character is very likely to react with the vitated secretions of cholera infantum, &c., just as Mialhe has shown that calomel sometimes does, and thus be easily converted into per-oxide and per-chloride. That this is the proper explanation of the undue activity of some samples of this preparation, is rendered almost certain by the writers' observations of the similar changes that spontaneously occur when such specimens are long kept with free access of light and air. Thus, a specimen prepared almost without contact of air, was of a very dark color, and nearly free from oxidation. At the end of a year's exposure to light in a loosely stopped bottle, it was found to contain both oxides in very notable proportion.—Another portion prepared by trituration with steam power for two days and a half, by a good mechanical arrangement, but without any attempt at excluding the air, was found at the end of the trituration to contain a notable proportion of sub-oxide, but no peroxide. A specimen of this, which has been kept in a tall slender loosely stopped bottle of white glass, for two years and four months, now yields upon analysis a large proportion of both oxides. (See 6th analysis below.) This preparation, in its present condition. when administered to adult men in ordinary doses, still retains its proper mild character to such a degree that its action would not attract ordinary attention. But in the cases of children, especially in that class of diseases in which it is commonly prescribed, it is found to be rather too active for the indications to its use, though it does not produce vomiting at all.

It is, nevertheless, undoubtedly a bad preparation, through too long trituration and bad keeping, but serves its purpose of clearly exhibiting the necessity for close attention and accurate observation in the process of preparation.

The best process for Hydrargyrum Cum Creta, as far as the writers' experience goes, is as follows :—

Introduce the mercury with a portion of the chalk into a strong bottle of double the capacity required, and shake the mixture actively as originally proposed to Dr. Coxe of New Orleans, by Mr. W. Hewson of Augusta, Ga. (See Am. Jour. Pharmacy, vol. 22. pp. 316 et seq.) When upon a smooth compressed surface of the powder, the mercury is no longer visible to the naked eye, it is to be well triturated with the remainder of the chalk until a fine smooth grey powder is obtained. It is then immmediately put up in small vials to be well secluded from light and air.

From the fact that very few pharmaceutists make these preparations, it becomes much more important to have a means of testing the character of those of the common market upon which they depend for supply, and therefore the writer has been at some pains to fix upon the following practical easy tests, which he believes to be capable of general and indiscriminate application, at the same time that they are reliable within practical limits.

The powder should be of a fine clear deep grey color, rather of the lively silver tinge, than of the dull leaden color. It should be entirely free from any rose, or "ashes of roses" tint ;—and the powder should be a little cumulative or clammy, and not at all mobile or sabulous.

A little heap of it, pressed upon a dark surface with a smooth spatula, should present no globules of mercury visible to the naked eye, and but few that are visible with an ordinary pocket lens, though looked at in all the various directions of a good light.

A small portion of the powder shaken in a test tube with a large portion of water, and then allowed to stand for half an hour, with close observation, will afford some very clear indications of quality. If the mercury is in large globules it will subside at once, and leave the chalk almost alone in suspension. This chalk then more slowly subsides and forms a stratum, the color of which indicates the proportion of mercury that may have been either finely divided or oxidized. In other cases several distinct strata may be observed, from the silvery grey of the larger globules at the bottom to the black layer of light fine oxide on top. The smaller the silvery stratum at the bottom, and the larger and more uniform the central leaden grey stratum is, the better the preparation. It is not easy to describe the indications and appearances of this simple test,but any one who will practice it two or three times will be convinced of its utility. The uniformity with which the mercury is divided, and the extent to which the trituration has been carried are best exhibited by this test.

A portion of the powder treated with dilute acetic acid in excess till all the carbonate of lime is decomposed, is then boiled, and the clear solution separated from the residue by filtration. The acetic acid dissolves both oxides of mercury and holds them in acid solution. If now a few drops of hydrochloric acid be added to the clear cold filtrate, it will decompose whatever mercurial salts are present and form corresponding chlorides with the bases. The subchloride being insoluble is at once precipitated, and from the quantity of this precipitate the quantity of sub-oxide is judged of. No well prepared specimen of mercury with chalk, unless all contact of air has been avoided, is ever found absolutely free from sub-oxide by this test.

Specimens badly prepared in one direction are often found entirely free from sub-oxide, (or other oxide,) whilst if badly prepared in the other direction, or if long kept with exposure to light or air, the precipitate with hydrochloric acid is not a mere opalescent milkiness but it renders the liquid white and opaque, and within a few minutes begins to subside and collect at the bottom of the test glass.

After precipitating all the suboxide as subchloride, the precipitate is filtered out, and the filtrate is tested by adding ammonia in slight excess. If there has been any persalt of mercury in the original solution it will have been changed by the HCl. into soluble perchloride, and in this condition will have passed the filter. The ammonia precipitates this salt as ammoniated mercury or "white precipitate," and the proportion of this second white precipitate is indicative of the amount of peroxide in the preparation.

Now it happens that acetic acid, as well as hydrochloric, although without any appreciable action upon fluid metallic mercury, does act upon the metallic mercury in the state of subdivision in which it exists in well made mercury with chalk ; but the amount oxidized and dissolved by acetic acid under the conditions of this test, is so small that it may be disregarded in the practical application of the test. It is certain, too, that in the process of dissolving the suboxide in the acetic acid, particularly in boiling the mixture, a small portion of the suboxide is decomposed into metallic mercury and peroxide, so that when the original proportion of suboxide is very small, and peroxide altogether wanting, yet the testing may indicate the presence of peroxide without any suboxide, from this cause,—a circumstance well illustrated in the third and fourth analysis, given below.

All the writer's experiments and observations, however, go to establish the fact that peroxide never occurs in these preparations, except through the condition of suboxidation as an intermediate step. The mercury is first suboxidized by the action of light and air upon it in its state of minute division, and the suboxide is then changed to peroxide by access of light and air.

The residue left undissolved by the acetic acid consists of the mercury, the insoluble impurities of the chalk, and any earthly coloring matters that may have been used. In one of the samples examined—the fifth—a large proportion of the insoluble matter looked very much like old phosphate of iron. Evaporation of the mercury from this residue at the lowest practicable temperature, from a watch glass, leaves the fixed residue to be judged by its character and proportion.

By using a weighed quantity of the powder, and by weighing the dried precipitates as subchloride, and sulphide, (rather than as ammoniated mercury,) and by distilling the mercury from the residue into alcohol, and drying and weighing it, this process is readily converted into a practically sufficient quantitative analysis. This is the method adopted in the examination of the following specimens of Hydrarg. cum Creta.

Five of the specimens were purchased at respectable central prescription stores, and the sixth is the specimen mentioned above, as having been exposed to light and air during twenty-eight months, in a narrow vial, after prolonged trituration.

The product of the officinal formula yields on analysis not 37.5 per cent. of mercury, as it should do in theory, but only 36.9 per cent. or 6 per cent. minus. This deficiency is probably due to evaporation during the process.

SAMPLE.	PERCENTAGE OF					
	Hg.	Hg_2O.	Hg O.	CaO,CO_2	Insoluble matter.	Deficiency in Hg.
1st. Color and appearance good, - - -	32.07	0.08	0.20	63.29	4.36	14.50
2d. Color and appearance good, - - -	35.52	0.33	0.21	63.94	traces	5.30
3d. Color and appearance pretty good, -	35.44		0.05	54.79	9.72	5.5
t4h. Color very light, large globules visible,	37.42		0.12	56.49	6.67	0.21
5th. Color light, greenish tinge, - - -	28.08	0.13	0.22	60.55	11.02	25.13
6th. Color very dark, appearance good, -	34.2	1.21	1.44	63.15	traces	

The result of these examinations does not justify the conclusion at which the writer had arrived, nor does it explain the cause of the complaints so generally made by physicians, since that sample which contained most of both oxides failed to produce the bad effects complained of. The proportion in this sample is still very small, however, and nothing like what other observers have found; and, therefore, as the six specimens can scarcely represent the market upon which the complaints are based, the writer's opinion and conclusions are in no degree changed as to the true cause of complaint being oxidation of the metal, although the examination has unexpectedly failed to establish the fact.

Six specimens of Pilulæ Hydrargyri were also examined qualitatively for oxides of mercury, and quantitatively for mercury, with the following results.

SAMPLE.	PERCENTAGE OF			
	Hg.	Hg^2 O.	Hg O.	Deficient in Hg.
1st. Olive color, good consistence,	30.3	traces,	traces,	9.01
2d. Good color and consistence,	33.4			
3d. Olive color, too stiff, - - -	29.1	notable proportion		13.7
4th. " " good consistence	33.	notable proportion		1.
5th. Good color and consistence,	32.8	notable proportion		1.29
6th. Standard Laboratory prep.,	33.4			

These specimens are from the same sources as the Hydrarg. cum Creta; and from their examination it appears that when well made this preparation loses no mercury, neither does it oxidize any portion of it.

Whether the new form in which it is now coming into use, namely, that of "Powdered Blue Mass," will not impair its value, by subjecting it to greater risk of oxidation, is a question worthy of inquiry. The reasons for its use in such a form are stated to be its greater efficiency and certainty. If it be either more efficient or certain in this form, the circumstance may probably be explained by the fact of its being too often found materially deficient in both the quantity of mercury, and method of preparation.

Naval Laboratory, New York, August, 1857.

American Journal of Pharmacy.

CASES IN PRACTICE.

By E. K. Bowman, M. D., of Rock Island, Ill.

CASE I.—OBSTETRICAL.

During the winter of 1848 and 49, known as the winter of the deep snow, I was called out of my bed to visit a woman in labor. The midwives, two of them had been broken down. I had been exposed to intense cold all day and had all the fingers on both hands frozen—had only been home long enough to eat my supper, get to bed and get warm, when the messenger arrived. After thinking a moment to see if I could not get up some good excuse for declining, and failing to satisfy myself, I rolled out and waded my horse five miles through the drifted snow. I found the woman in terrific labor, all hands crying. Although nearly frozen I was importuned with startling vehemence not to lose a moment, accordingly I lost not a moment in making an examination, and found the child's head pressing tremendously against the external parts, but the exit from the vagina closed by a heavy septum one fourth of an inch thick and of cartilaginous firmness; a small aperture immediately under the meatus urinarius with difficulty admitted the point of the index finger. Dilatation was as impossible as with so much sole leather. Shivering with cold worse than a man in ague, I was compelled to imbibe a cup of hot coffee, kindly held to my lips by a lady friend, while my hands were engaged in dilating efforts. Utterly failing in these efforts, I determined to resort to the knife. After explaining to the husband and mother of the woman the danger of rupture of the perinæum from the sudden passage of the childs head under such powerful expulsive efforts, I resorted to the knife, and while the midwife held the candle, with one sweep of the probe pointed bistoury relieved the obstruction. Supporting the perinæum, no injury was sustained by that part. The couple had lived together seven years quietly and apparently happy, in the vigor of youth but debarred by this barrier from sexual enjoyment. Modesty prevented them from confiding in any older person until *accidental* conception, and then the bistoury forever demolished the formidable barrier. I have since delivered the woman of healthy children and no difficulty was found whatever.

CASE II.—DEFORMITY OF VAGINA FROM ULCERATION CAUSED BY INJURY DURING PARTURITION.

On the night of the 25th ult., I was called to see an obstetrical case in Mercer county, near Camp Creek. I went with great reluctance as the condition of the roads made them almost impassable, the night almost of pitchy darkness added to the difficulties of the way. On arriving I found the woman in labor. A brother physician was present and had been in attendance most of the day, and had sent for me having encountered, as he supposed, more difficulty than he was willing to take the responsibility of attempting to solve alone. A careful examination disclosed the following condition of the parts: The meatus urinarius was dilated and tender from the forcible insertion of finger, the urine dribling away involuntarily, the sphincter from excessive dilation having lost its contractility. The vagina was closed from the superior commissure to the inferior by a thick firm cicatrix, save at the lower and left side, where an aperture was found so small that the woman told me she had been only able to introduce a common wooden pencil, and that caused pain and made the part bleed. The woman was married to her second husband, had had a child by her former husband, and injury by the midwife at the time of her first confinement, followed by inflammatory action, had caused the adhesion of the walls of the vagina. Under such circumstances she had married again. Of course the gate was effectually closed on all natural sexual communication with the second husband. Yet nature asserted her rights, and notwithstanding such an apparently impenetrable barrier had received the impregnating fluid and conception took place. The pains being regular and natural, I advised waiting until the head of the fœtus emerging from the inferior straits of the pelvis should forcibly rest against the external parts. In about an hour this occurred (12 o'clock at night.) Then after placing the woman in convenient position, scalpel in hand, my brother accoucheur assisting with the light, I proceeded, with every occurrence of the expulsive effort, carefully to dissect longitudinally along the centre of the line of the cicatrix, and, ceasing to cut the moment the pain relaxed, succeeded after cutting 3-8 of an inch in depth 1 1-2 inches long in reaching the head of the fœtus. Careful dilatation with the finger and support of the perinæum co-operating with the efforts of nature, accomplished delivery safely in a short time. The child was vigorous and large, and promises to do no discredit to the race of W——— Tell to which he belongs. This case proves conclusively that conception may take place when the accomplishment of the sexual act is physically impossible.

CASE III.—POISONING BY STRYCHNINE.

In the summer of 1850, while eating my breakfast, I was interrupted by a young man in great alarm, who wished my immediate presence at the sulphur springs, as a comrade had just taken quinine to break ague, set down to his breakfast and commenced to drink a cup of coffee: while drinking, he fell over from the table in terrific fit as they called it. In a few minutes I was there, found the young man in a fearful spasm, the spine was curved backwards so as to resemble the concavity of a large hoop, the eyes staring and protuberant and muscles as rigid as iron. A moment's observation, flashed conviction through my mind, that the subject before me was under the influence of strychnine. Acting on this decision, I at once proceeded with the energy of desperation. I had nearly four ounces of ipecac in my pill bags, and at once gave him a tea-cup-full of a mixture of it. I then set my scarificator to its utmost depth and it having a powerful spring sent the 16 blades well home. I placed cups and common tumblers until I had the whole spine covered with them. Then drenched him with ipecac until I had given my whole supply yet no vomiting occurred—renewed the cups and resorted to tartar emetic, six grain doses, every ten or fifteen minutes. Plying the cups the spasms abated, he soon began to relax and presently heaved "like a dog with a bone in this throat." I kept him puking until bilious matter was ejected freely, and using so much warm water to ensure a very clean condition of the unfortunate organ if water would do any good. When no more bilious matter was ejected, I desisted. Then returned home and procured some iodide of iron and gave him of that, having seen it recommended as being nearer an antidote for that terrific poison strychnine than anything else known. He slowly regained his health and the ague was about as effectually broken up as I ever saw it done. I will here state the manner in which the accident occurred. When the family moved into the house, they found a common, long, one ounce vial, having about as much of a light white powder in it as would equal in bulk, ten grains of old quinine. It was brought out into the road to me one day to know if it was not quinine—carelessly looking at it, knowing that the family that had been living there before, had had ague and treated themselves for it, I supposed it was quinine and replied I guessed it was—not dreaming of finding strychnine in such quantity and in such a bottle and no label on it. The mistake was natural, but I then for the first and last time, deviated from my rule always to advise all old medicines to be committed to the flames.—*N. W. Med. and Surg. Journal.*

PROF. GIBSON AND MR. CRAWFORD, THE SCULPTOR.

In the August number of the *Medical News and Library* we find a long letter from Prof. Gibson, detailing the history of his connection with the case of Mr. Crawford, the sculptor. We regret that Prof. Gibson has felt it necessary to make this defence, but all professional men will certainly regard it as full and satisfactory. It is probably known to most of our readers that Mr. Crawford, one of our distinguished American sculptors, has been laboring for a year past with a tumor in the orbit of the eye, which the ablest surgeons of Europe pronounce *malignant* in its character. Prof. Gibson, late of the University of Pennsylvania, being on a visit to Rome last winter, was requested by Dr. Smyth, the attending physician of Mr. Crawford, to examine the case and give the benefit of his advice. Before doing so, Prof. Gibson explained that he had withdrawn from professional duties entirely and "did not wish to engage in any case whatever"—but as a friend and countryman he was willing to attend with Dr. Smyth, and while he remained in Rome to do everything in his power to serve Mr. Crawford, but that his services must be gratuitous. Says Dr. Gibson in his letter—"after minute examination and inquiry into the nature of the case, I remarked to Dr. Smyth—'it is evident that the eye, perfectly sound in itself, but pushed forward beyond the walls of the orbit more than half an inch, is acted upon by *pressure* from behind from a fluid or solid;—that if from the former, an *exploring needle* might by discharging it cause the eye to resume its natural position, and be followed by a cure;—that if on the contrary, *solid*, and, particularly, if of *malignant* character, no essential benefit can result from any treatment whatever, and that the case must, *necessarily*, in a few months terminate *fatally*.' Having obtained Mr. Crawford's consent to the use of the *exploring needle*, and being requested by Dr. Smyth to perform the operation, I engaged in it the next day, with every precaution and the utmost delicacy, and in a few minutes was able to ascertain, with the utmost accuracy, that there was *no fluid*, but a *solid* tumor, which not only filled up the posterior part of the orbit, but might possibly have its origin in the brain."

As Prof. Gibson had anticipated and foretold, the tumor continued to develop rapidly—after which Mr. Crawford was sent to Paris, and received the attentions of the most eminent men there. Sometime in April, however, Mrs. Crawford wrote a letter to her friends in this country, which was published in the New York *Evening Post*, and wherein she expressly attributes the aggravation of Mr. Crawford's condition to the exploring operation by Prof. Gibson. All the circumstances of the case, certainly, render the letter of Mrs. Crawford, to say the least, very thoughtless and uncalled for. It is to this charge that Prof. Gibson especially designs to reply in the letter before us. This is a form of infliction to which the profession is much too frequently subjected—a family receives the benefit of the most careful, most reliable, most painfully matured advice and professional attentions—and yet if despite all the resources of our art the case proves unfortunate, the friends allow themselves to make disparaging remarks of the attendants, or, as in this case, assume to set up a non-professional opinion, in a case too where they cannot properly have any claim to capacity for giving an opinion of any worth, yet, we say, setting up this non-professional opinion to blast, so far as it may, the life-wrought reputation of the conscientious, skillful medical adviser. This evil is grossly unjust to the medical man, and eventually must in a great measure re-act unhappily to the interests of the community. Prof. Gibson has fortified himself with opinions of Valpeu, Nelaton, Desmarres and Sichel, all confirming the views of Gibson in his diagnosis of the case, and heartily approving his operation with the *exploring needle* as every way proper in this, and one of daily employment in doubtful cases of this character.—*Cin. Med. Observer.*

☞ In a communication read by Professor Simpson before the Medico-Chirurgical Society of Edinburgh, he stated in reference to the introduction and diffusion of syphilis in Scotland, that the earliest notice of the disease in England was an entry made in 1502–3 in the privy purse book of Queen Elizabeth, to the effect, that those who infringed the Scottish edict for arresting the disease, should be punished by the application of a hot iron key to the cheeks.

Lilac Leaves as a Febrifuge.—The lilac leaf is a popular remedy in Flanders for intermittent fever, and M. Macario found it successful in 13 out of 20 cases. In some of these quinine and arsenic had failed. A decoction of the leaves was administered fasting, during five or six days in succession.—*New Orleans Med. News and Hosp. Gaz. from the Rev. Med.*

Raspberry Leaves as an Ovifuge.—A writer in the *London Medical Times and Gazette* states, that he has found a strong infusion of the leaves of the common raspberry plant to act decidedly as an ovifuge, powerful uterine action coming on in about fifteen minutes after exhibition. He had tried it in some 20 or 25 cases.

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, OCTOBER, 1857.

HARD TIMES.—We hear, on all sides, the cry of *Hard Times*, and they are rendered doubly hard to us by the neglect of our subscribers to remit the amount due us for the *Journal.* The sum due from each is small, but so many of our readers are our debtors, that the whole amount is very considerable, and its want makes us keenly feel the *Hard Times.* We hope each man, on reading this, will ask himself if he is meant, and remit us the dollar (or two, three or four, as the case may be,) necessary to square accounts.

WINTER TERM AT DARTMOUTH MEDICAL COLLEGE.—We would call attention to the advertisement of Dr. A. B. Crosby's course of instruction in Anatomy and Physiology at Hanover. Students, in addition to a thorough course of instruction, will have free access to the Medical Library and Museum, and the opportunity of seeing the Surgical practice of Prof. Crosby. Altogether, this is an excellent chance to spend the winter profitably.

EXSECTION OF THE ENTIRE OS CALCIS.—Dr. J. M. Carnochan, Surgeon-in-Chief to the N. Y. State Hospital and Professor of Surgery in the New York Medical College, has successfully removed the entire Os Calcis for *caries* of its greater portion. This is the first case of this kind reported in this country, and is another evidence of the excellent sense and ability of this distinguished surgeon.

RANKIN'S ABSTRACT.—This valuable resume of the progress of Medicine continues to be republished by Lindsay & Blakiston, of Philadelphia, at $2 a year. No. 25, issued in July last, is not at all inferior to its predecessors, and is invaluable to a practicing physician.

HISTORICAL AND GENEALOGICAL RESEARCHES AND RECORD OF PASSING EVENTS OF THE MERRIMACK VALLEY, is the title of a new periodical work, the first number of which is just issued by Alfred Poor, at Groveland, Mass.

The subject of Genealogy is attracting much attention among men of letters, and the work before us promises to prove a valuable aid to those engaged in investigations of this sort. Terms, one dollar per volume of 600 pages or 40 cents each No.

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(For the N. H. Journal of Medicine)

ON ABSCESS.

BY A. B. CROSBY, M. D.

(Continued from page 307.)

CHAPTER VII.

Abscess of the Ear.

Under the head of abscess of the ear we shall consider abscess of the middle ear, and the external meatus. Both of these forms of abscess are important, since the one is fraught with the utmost danger to the patient, while the other is comparatively free from it. Consequently, both forms will need description, in order to a correct diagnosis.

Abscess of the middle ear is attended with great danger from its vicinity to the brain. Aside, too, from this danger, there is great risk as far as the integrity of the ear is concerned. As it is the most important of the two forms of abscess mentioned above, we shall regard it first.

Causes. Without doubt the most frequent cause of this abscess is exposure of the ear to a current of air. Simple changes in temperature are of little moment, unless air impinge directly on the ear. Inflammation of the throat sometimes extends along the course of the eustachian tube and gives rise to abscess of the middle ear. This abscess, following scarlet fever and small pox, has its origin in this way. Syphilis may sometimes excite it.

Symptoms. When inflammation is lighted up in the middle ear, there is acute and deep-seated pain in the affected region. This pain is persistent and accompanied by a loud, clanging, metallic sound in the ear. There is general head-ache, but most severe on the affected side. Delirium soon supervenes, liable to occur at any time, but worse at night. There is a sense of weight and distension about the ear. The face is anxious and distressed. There is deafness, and the pain is now greatly increased.

The constitutional signs are those of exhaustion. The pulse is frequent and feeble. There is slight increase of heat about the skin, and the tongue is coated. The taste is lost, and there is anorexia. In twenty-four or thirty-six hours resolution may occur. When this is the case, the patient and his friends have great cause for congratulation. The inflammation begins to abate; the pain diminishes, and delirium is quieted. The metallic sound in the ear is changed to a hissing noise. The sense of distension and deafness still continue, but these finally yield, and the inflammation is resolved.

Unfortunately, resolution in this affection is uncommon. Inflammation of the middle ear once established, the chances are greatly in favor of the formation of an abscess. The sense of distension increases to a most painful degree. Delirium is now constant, and all the symptoms are aggravated.

In a few days pus is discharged from the ear. The cavity of the tympanum is filled with pus, and the membrana tympani has been perforated by ulceration. If the perforation is sufficiently large, the discharge of pus is free, and all the morbid signs yield rapidly. If, however, the opening is small, the discharge is proportionately small, and the relief much less. Instances of the latter kind are much more liable to be troublesome. The discharge becomes chronic, and our abscess degenerates into that troublesome affection, otorrhœa purulenta. When the opening is small, art is sometimes called in, and the relief is speedy and entire.

Abscess of the middle ear is not always attended by symptoms equally severe. Sometimes the affection is sub-acute in its character. All the symptoms are less severe, and confined to the ear. Perforation of the membrana tympani is much slower. Sometimes the pus is discharged by the eustachian tube, although rarely. On the authority of Itard it is stated that this may occur once in every ten cases. In favorable cases recovery occurs rapidly after the discharge is established. There are, however, many chances in favor of the establishment of a chronic discharge, which may continue a long time, and defy treatment.

During the course of this abscess inflammation of the brain or its membranes may occur, an event always to be regarded with alarm. There is also danger that caries of the temporal bone may be induced. Such complications make an abscess of the middle ear a matter of serious import.

Treatment. The early treatment of this affection should be directed toward obtaining a resolution of the inflammation, if possible. It should be actively antiphlogistic. Venesection will hardly be called for; but, as it is a local affection, so local depletion will answer an admirable purpose. Leeches may be used freely. From four to sixteen may be applied behind the ear, and if the symptoms are urgent, may be re-applied in six hours. At the same time a cantharidal plaster may be applied to the back of the neck. An active cathartic should be administered.

℞ Hydr. Chlorid. mit. gr. iv.
Pulv. Jalap. gr. x.
M.

This may be taken, followed in six hours by sulphate of magnesia, if it fails to operate. Mercury and antimony should be exhibited persistently, as they are our most efficient means in procuring the resolution of an inflammation.

℞ Hydr. Chlorid. mit. gr. xii.
Antimon. et Potass. Tart. gr. iii.
M.
Ft. Pulv. no. xxiv.

Take a powder every three hours.

Under such treatment the symptoms may abate, the appetite return and convalescence come about rapidly.

Perhaps so favorable an event may not occur. We must then promote suppuration. Warm fomentations and poultices should be freely applied on the affected side. A linen bag, filled with hops or bran, and frequently wrung out of a hot decoction of opium, answers a good purpose. As a local application, in all affections of the ear where there is much pain, the following prescription may be used with great advantage :—

℞	Hydr. Chlorid. mit.	gr. iii.
	Vin. Opii.	gtt. xv.
	Ol. Oliv.	ʒ i.
	M.	

Warm this and fill the ear with it.

During the early stages of the abscess, opium is not tolerated, and should be avoided, since it may serve to complicate the head symptoms

The anti-inflammatory course of treatment should now be suspended. As soon as the discharge commences, the strength should be supported by ammonia or any of the the diffusible stimulants.

Opium may now be resorted to, and the patient suffered to enjoy the repose which he so much needs. The discharge having slightly commenced, and the symptoms not altogether relieved, it has been advised to enlarge the opening in the membrana tympani with the knife. This may be effected by introducing an aural speculum, and passing a sharp pointed bistoury through it until it reaches the membrane. The opening being free, the discharge corresponds, and the symptoms are relieved. In the great majority of instances the interference of art will not be called for, since nature will almost invariably effect the opening in her own good time. The complications which may arise on the part of the brain or its membranes are to be carefully watched for and guarded against. When once established, they are to be combated as though they had occurred from any other cause.

Case I.

In the autumn of 1854, Master W., a boy of six years, was seized with a severe ear-ache. He was of a scrofulous habit, but an active country boy. His father died from the effects of a pelvic abscess. The pain was deep-seated and constant. The usual domestic remedies were employed, but without avail. My father was requested to visit the patient. He had head-ache and an intense pain in the ear. He complained of a clanging noise in his head. He was sleepless, and screaming from the pain. He was very deaf, and delirious. He showed signs of exhaustion. The usual remedies were employed, and applications made to the ear, but the suffering of the patient was unremitting. After the lapse of several days, the external ear was put upon the stretch, and an attempt made to get a view of the tympanum. It was found much distended, and projecting. At this time there had been no discharge from the ear. An opening was made through the tympanum, followed by a free discharge of pus. The suffering of the patient was relieved at once. Recovery occurred rapidly, and without trouble from otorrhœa. The boy is now in good health and hears perfectly.

Case II.

D., a boy of four years, was seized in the spring of 1840 with scarlatina maligna. At the onset of the attack, there was a copious watery discharge from the eyes, ears and nose. The cervical and maxillary glands were swollen. The whole throat likewise was much swollen. Internally the throat was so severely affected that sloughing occurred during the progress of the disease. The disease presented the usual signs, but severe. Early in the affection the left ear was observed to be swollen and projecting. The child was entirely deaf, and delirious. It screamed constantly, and seemed in great distress. The more violent symptoms began to subside. The ear, however, was still swollen, and the deafness continued. Besides this, pain and delirium were still present at intervals. Three weeks after the attack commenced, an abscess pointed behind the affected ear. This was opened and a free discharge of pus ensued. Three weeks after this, the temporal bone was found to be carious. A large mass was found to be movable, and with slight assistance from a probe, it came away. It proved to be a large part of the mastoid and petrous portions. Cerebral symptoms of a grave character ensued, and the child died on the fifth day afterwards.

Signs of great exhaustion were conspicuous throughout, and the suffering was extreme.

The above instance, though extreme, may serve to show the danger of an abscess of the middle ear.

ABSCESS OF THE EXTERNAL MEATUS.

This form of abscess is attended with little danger, if it confines itself to the external meatus. But the membrana tympani is near by, and an inflammation so near may readily extend itself. In some respects the symptoms are similar to those of abscess of the middle ear, yet if the symptoms are well marked, there is seldom much difficulty in making out the diagnosis.

Causes. Perhaps the most fruitful cause of this abscess is the scrofulous diathesis. Sore ears are the bane of scrofulous children. This form of abscess not unfrequently results as a sequel to the exanthemata. It occurs frequently after exposure to cold. Children having decayed teeth, or any habitual irregularity of the bowels, are subject to this affection. Foreign bodies in the meatus may excite inflammation, terminating in abscess. Young children have a mania for introducing everything movable into the ear, and not unfrequently pay the penalty by furnishing the physician an opportunity to observe an abscess of the external meatus.

Symptoms. The patient is seized with pain in the ear, but not ordinarily deep-seated. This is accompanied with head-ache and general fever. There is sufficient swelling to close the meatus, and deafness is the result. The cervical glands are usually swollen and tender. The abscess at length bursts. The discharge, which is at first thick and serous, soon becomes purulent, and excessively fœtid. Mastication is difficult and painful from the proximity of the inflammation to the maxillary articulation. The constitutional signs are usually slight. There is danger of chronic ulcerations both in the course of the meatus and upon the external surface of the tympanum. Sometimes the inflammation extends to the mastoid cells, and an abscess occurs pointing behind the ear. Caries of the temporal bone may result, and even greater mischief may accrue. Fortunately, however, these accidents are not very common.

After the discharge of such an abscess, if an aural speculum is carefully introduced, the tympanum will be seen to be somewhat swollen and congested. The track of the meatus will be found very vascular, and in places raw and granulating.

Under favorable circumstances the patient recovers rapidly, or a chronic discharge may be established, which may continue indefinitely.

Treatment. A cathartic may be exhibited in the early stage with advantage. If the symptoms are violent, more especially about the head, leeches may be used behind the ear, as before advised. This will, however, seldom be necessary. The ear may be gently syringed out with warm water or a warm decoction of poppy. Warm poultices may likewise be applied over the ear. Anodynes may be resorted to for the relief of pain and to procure rest.

Although the constitutional symptoms are not usually severe, still if the abscess is at all protracted, signs of debility are manifested. The chronic stage will demand the cautious use of alteratives, tonics and aperients. Warm bathing, practiced moderately, and at suitable intervals, has a fine effect. Persons of a scrofulous habit should be treated with a view to ward off future attacks. The patient should be placed under the most favorable circumstances of good air, a generous diet, and exercise. Perfect cleanliness should be enjoined, and every means resorted to that may exalt, while everything that may depress should be avoided.

Perhaps the most efficient drug to be employed is the iodide of iron, either in pill or syrup. The use of this should be persisted in until the patient is at par.

The local treatment of the chronic stage will consist mainly in the cautious use of astringent injections. To accomplish this, an elastic bottle should be used, care being taken not to do violence to the inflamed meatus with the nozzle. Warm soap suds may be injected twice a day, followed by a weak injection of sulphate of zinc or other astringents. Injections have sometimes done incalculable mischief, and it behooves the operator to select the proper time for their administration. As a rule, they should never be employed except in the chronic stage, and only in the absence of all head symptoms. This rule applies in all affections of the ear.

In giving the injections, care should be taken that all air is excluded from the instrument used. The diet should be liquid, and nourishing, since mastication is painful and there is a tendency to exhaustion.

If the discharge is persistent, and there are no head symptoms, stronger injections of nitrate of silver may be employed. If it is fetid, the following may be used as an injection :—

℞	Liq. Sod. Chlorin.	ʒ ii.
	Aq. Destil.	℥ iv.
	M.	

Sometimes the discharge excoriates the external ear. When this is the case, the affected ear may be moderately fomented and an ointment like the following applied at night:—

℞	Ung. Hydr. Nitrat.	ʒ i.
	Adipis.	ʒ iii.
	M.	

If, at any time during the treatment of the chronic stage, there should be a return of the early symptoms, injections should be abandoned at once, and the antiphlogistic plan renewed.

Finally, the plugging of the ears with cotton and filth, which are so commonly tolerated in domestic practice, are to be entirely proscribed.

(Communicated for the N. H. Journal of Medicine).

"THE ECRASEUR."

The old practice of strangulating hemorrhoids has been so much improved upon by the French method, that I cannot forbear reporting a single case.

I was called to see an old lady, 70 years of age, who had suffered 40 years from what she called the "*nasty Piles.*" Upon examination, I found these tumors, the largest the size of a common hen's egg, protruding through the sphincter. They were much inflamed, bleeding profusely, and very tender to the touch. Drawing them forcibly down, by means of a strong pair of hooked forceps, I passed a ligature around their base, in order to pedunculate them. After which, I applied the "*ecraseur*," and removed them all at once, without the loss of a *single drop of blood.* It occupied 22 minutes in separating them from the rectum.

The patient refused to take chloroform, and complained of no pain after the first moment of the operation. Confining her bowels with an opiate injection, ordered her to be kept quietly in bed. The next day she complained of some tenderness, which lasted three days, after which it all passed away. No other unfavorable symptoms occurred, and on the fourth day she performed her accustomed household duties without inconvenience.

Possibly all may not be familiar with this instrument, which is very simple, viz: a handle and staff about twelve inches in length, upon the end of which is fitted, at right angle, a piece of steel an inch in length, containing a mortice, through which a chain is passed, forming a loop, and fitting the mortice exactly. One end of the chain is attached to the handle, and the other to a movable screw fixed to the handle in such a way that by turning the screw the loop in the chain is made gradually smaller, and is at last drawn through the mortice. In operating, the loop is placed around the base of the tumor, and is slowly constricted by means of the screw.

While in Paris last winter, I saw the inventor, M. Chassaignac, use this instrument many times. I saw him amputate breasts and various kinds of tumors with complete success, and without the slightest hemorrhage. I think it is peculiarly well adapted to the removal of hemorrhoids, tumors of the tongue, polypus of the uterus, and in performing circumcision.

Nashua, N. H. JAMES B. GREELY.

ON THE PREVENTION OF ABSCESS OF THE BREAST BY FRICTION WITH THE HANDS; AND ON THE TREATMENT, WHEN OPEN, BY MEANS OF COMPRESSED SPONGE.

By S. CONANT FOSTER, M. D., late Physician to Bellevue Hospital.

I have been often asked to commit to paper my views in regard to the treatment of mammary abscess, and now that the method which I have found most beneficial has been tried by others, and has stood the test of their observation, I feel that it has become a duty to publish the results to the profession.

Under the head of "Hospital Reports," will be found a number of cases treated at Bellevue Hospital, under the supervision of Dr. Stephen Smith, by Dr. J. G. Johnson, one of the House Surgeons of that institution. The MSS. of these cases have been kindly submitted to my perusal by Dr. J., to whom I feel much indebted for his courtesy, and for the care which he has bestowed upon them. These cases,in connection with those which I shall offer, afford conclusive evidence, it seems to me, of the superiority of the treatment pursued, over the old methods. What these old methods were may be learned from Dr. Johnson's paper, where the authorities will be found collated, and the opinions and advice of the principal surgeons of the present day, quoted in their own words.

Before entering upon the subject of the best mode of treatment of any disease, it is proper to consider if the disease may not be avoided altogether. Now, I do not hesitate to assert, with regard to abscesses of the breast, dependent upon lactation, that this may be done in almost every case. I base this assertion upon the following grounds: 1. during six months that I passed in attendance upon the Dublin Lying-in Hospital, under the mastership of Dr. Evory Kennedy, now nearly twenty years since, there were about twelve hundred births. Only two abscesses of the breast occurred among these patients during their stay in the hospital. One of these was the result of an injury, and came on before confinement; the other was in a patient of marked chachectic condition. 2. For the first twelve years of my practice, I had not a single case occurring to a patient of my own during the first month after delivery; and I have never had one since which was not due to mismanagement on the part of the patient, or want of skill in the nurse, or to an already depraved condition of the blood. 3. For nearly six years that I was visiting physician to Bellevue Hospital, excepting in the first two months, no case occurred among the lying-inpatients under my charge, which I attribute to my insisting strenuously upon the adoption of the means I had seen to be so efficacious elsewhere.

Laying it down as a rule, therefore, that *all milk abscesses should be prevented*, the exceptions are—1. Cases where there exists a marked cachexia, due to syphilis, scrofula, and the like. 2. Where there has been any external injury. 3. When the nipple is in such a state as absolutely to obstruct the passage of the milk. 4. Where, as in hospitals occasionally, there exists an endemic tendency to purulent deposits.

Let us now glance at the means by which this prevention is to be accomplished. They will be found to be very simple. So simple, indeed, that I should hesitate to dwell upon them, if I were not convinced that, when they fail, it is for want of a skillful application of them. If, therefore, I should seem to be discoursing of trivialities, I shall shelter myself behind the example of the great Abernethy, who boasted, in his discourse before the College of Surgeons, that he had taught that august body how to make a poultice. I desire, too, to urge upon physicians to devote more personal attention to these apparently little matters; for the most faithful and well-intentioned nurses will often fail, for want of knowledge of the structure and physiology of the part which they have to deal with.

The prophylactic treatment of the milk abscess should commence, strictly speaking, at the age of puberty. This is a matter upon which mothers should be well informed, as more will depend upon them than upon the physician. At the period when the development of the breasts is taking place, much mischief is very often done by the use of improper clothing, A close-fitting waist, keeping the nipple compressed at this period, and preventing it from taking its natural form, though it may occasion no inconvenience at the time, will be a fruitful cause of suffering when the girl has become a mother. For, in these cases, it will probably be discovered after confinement, that the nipple, instead of being prominent, is depressed, so that the child cannot seize hold of it. It has then to be drawn out by breast-pumps and other appliances, often at the cost of great pain. It becomes inflamed and excoriated; and perhaps, the inflammation may be propagated along the course of the lactiferous tubes, and result in an abscess at the base of the breast.

This is a cause of the breast abscess which we seldom have it in our power to prevent. But where a depressed condition of the nipple exists from this early error, much may yet be done if it is permitted to treat it during pregnancy. In this condition, a second development of the organ takes place. There is an increased vascular and nervous activity, by taking advantage of which we may often remedy the old trouble in some degree, and provide a good nipple for the period of lactation, To effect this end, the first precaution is to avoid all undue pressure from clothing, during the earlier months especially. The nipple should then be drawn out daily, with moderate force, by a breast-pump or by the mouth, which accustoms the part to the traction it will receive from the child. This process can be suspended for a few days at a time, if the nipple should become sore. Astringent applications, as is well known, tend to harden the skin of the nipple. Of these I know of none better than the popular one of borax and brandy, which should be applied daily during the last months of gestation.

There is a certain danger attendant upon these manipulations with the nipple during pregnancy, which must not be lost sight of. It is possible, in this way, to stimulate the uterus into premature action, and so to provoke a miscarriage. But this can only occur in exceptional cases, and will probably give sufficient warning of its approach. Lest it should occur, it is well not to persist in drawing out the nipple longer than ten or fifteen minutes at a time, and to abandon the practice altogether should pelvic pains, or other symptoms of approaching labor, manifest themselves. I have never seen a miscarriage so produced; but in one case which I attended, the process had to be given up on account of the severe, contractile, uterine pains which followed each application of the pump.

With the management of the nipple after child-birth, every one is familiar. Probably, under any treatment, we must have sore nipples occasionally. As I have nothing new to offer concerning the treatment of these, I will simply say that I rely more upon the protection of the part from friction by the clothes, upon allowing the air to circulate around it, and upon application of castor-oil after every time the child sucks, than upon most of the other means in common use. The neck of a common junk bottle, cut off, made smooth, and worn constantly over the nipple, accomplishes the two first of these objects very satisfactorily in most cases.

So much of the prophylaxis of breast abscess as far as the nipple is concerned. As to the general care of the breast after childbirth the obstetrical text-books give a variety of directions. No doubt the first and most important indication is to prevent the accumulation of milk in the breasts. He who succeeds in doing this, has overcome the chief source of danger of abscess. 'With this in view, I examine the breasts carefully on the second day after delivery, and direct the nurse, in case there should be slightest hardness, to rub them well with warm oil *until they are soft*, and to repeat the operation as often as the hardness returns. This is a very common and a very simple direction, and yet it is very rarely carried out efficiently. When it is done well, it is worth more than all other means put together to keep the breast in good order. I do not despise cathartics, and nauseants,. and suodorfices when inflammation has commenced, though even then I do not rely *chiefly* upon them to prevent the formation of matter; but I must express my disapprobation of poultices with a view to resolve the hardness; and if it were necessary, I would disperse with all other means, excepting the nursing of the child, and rely upon the rubbing alone, always provided it could be done frequently and efficiently.

A great element of success is to commence early—*obsta principiis.* The rubber should stand behind the patient, and having lubricated the whole organ freely with oil, should use both hands, one for the friction and the other for counter-pressure, rubbing in the direction of the milk ducts, *i. e.*, from the periphery of the breast toward the nipple. If this is done with *firm prsssure*, a few minutes will generally suffice to reduce the organ to a soft condition; and in case the milk has come, it will flow freely from the nipple. If the child is vigorous and takes the nipple well, there will usually be no need of pursuing this plan after two or three days. But it is desirable to keep an eye upon the organs, and in case any induration remains after nursing, to rub it away at once.

I have intimated that it is difficult to get this well done. This is sometimes the fault of the patient, and sometimes of the nurse. The patient's breasts are very tender to the touch, and she thinks she cannot bear the rubbing. But if it is done rightly, the pain will be of very short duration, and at the end of a few moments she will be able to bear any amount of pressure without suffering in the least. There seems to be a certain amount of tact requisite for this little manipulation, which many nurses never acquire. In such a case, I think it is the duty of the medical attendant to lay aside all considerations of dignity, and do it himself. But as the physician cannot be constantly in attendance, it is necessary, if after one or two trials the induration is not permanently discussed, to resort to other means. And here we have a most invaluable resource in the compressed sponge.

For the suggestion of this mode of treating such engorgements, I am indebted to Dr. J. P. Batchelder, of this city, who has applied this article to so many excellent uses. Its use in the treatment of open breast abscesses I believe I was the first to test, and it is a chief object of this paper to record the results of the method. The mode of preparing the sponges is very simple. A selection should be made of specimens which combine softness with elasticity, and of a size to suit the indurated portion. After freeing them froms and they should be dried, and then subjected to a heavy pressure for twenty-four hours. A common letter-copying press answers the purpose exceedingly well. They are then to be placed upon the breast and confined by a roller bandage, after which they are to be thoroughly saturated with lukewarm water. The nipple should, if possible, be left exposed, so that the child may nurse as usual. I will relate briefly the first case in which I adopted this plan. It has proved equally satisfactory in every instance in which I have employed it since.

A lady whom I had attended in three confinements was, after the third, threatened with abscess in the breast. I directed, as usual, the frictions with warm oil, and administered, subsequently, cathartics, and nauseating doses of tartar emetic. The inflammation was thus kept in check, but the induration continued. This patient had a most faithful nurse, who rubbed the breast very perseveringly for several days, but without much effect. Satisfied that the want of success was due to the manner of the rubbing, I resolved to rub it myself, and in twenty minutes or less, the breast was completely soft. Next day, however, it was nearly as hard as ever. I now determined to apply the compressed sponge. Two days wearing of this entirely removed the hardness, which did not again recur.

I have pursued the same plan with the like success in engorgements occurring at a later period in lactation, where the frictions with oil had failed to subdue the hardness.

Before proceeding to show the effect of the application of compressed sponges to abscesses which have already formed and been laid open, I desire to call attention to the treatment directed by the most eminent of modern writers on the subject. For this purpose, I beg to refer to the remarks accompanying Dr. Johnson's collection of cases. I also appeal to the experience of every surgeon to bear me out in the assertion that in the deep-seated abscesses of the breast of nursing women, it is reasonable to anticipate a long and tedious suppuration, with the chance of sinuses and fistulous openings, enduring for many months. Not only is this true, but the plans formerly adopted of stimulating injection, setons, extensive incisions, objectionable as they were, were often unsuccessful, or only cured by destroying the organ in great part, or, at least, rendering it completely unfit for performing its proper function.

The only way of avoiding these evils, that has been attended with any degree of success, is to apply pressure in some form or other, generally by means of strips of adhesive plaster. Recently, M. Chassaignac has published a memoir upon this subject, (*Gazette Medicale*, 1855—Nos. 3, 4, and 39) which details the method and results of a new system of treatment, presenting considerable advantages over all that preceded it.

His plan is as follows:—As soon as the existence of matter is ascertained, he makes one or more small punctures, and having pressed out the matter as much as possible injects the abscess with lukewarm water, using generally the hydrocele syringe or the irrigator, and continuing the douche until the cavity seems entirely emptied of pus, and the liquid which flows out is perfectly limpid. the cupping glass is then applied over the wound, and if necessary, the same process is repeated until every drop of pus is evacuated. The wound is then closed by adhesive plaster and the *cuirasse* applied. This consists, if I am not mistaken, of numerous narrow strips of plaster, so adjusted as to envelop and compress the entire breast. The arm is then bound down to the side, and the dressing is allowed to remain twenty-four or forty-eight hours, unless pain or tumefaction indicate the refilling of the abscess. At the end of this time the dressing is removed, and it is found that union by the first intention has taken place, in the proportion of about one-fifth of all the cases. Sometimes there is a little secretion of plastic lymph, and then the *cuirasse* is re-applied once or twice. A cure is thus accomplished in from one to eight days.

In case the abscess refills, the treatment of union by the second intention consists in the daily, or more frequent use of the injections and cupping, with the addition of the introduction of canulæ into the wounds, made of soft india-rubber, and split at one end, so as to have the shape of the letter Y. These are kept in place by a narrow strip of adhesive plaster passed between the forked ends, and shortened from time to time, as occasion may require. The breast is kept covered with a poultice, and the poultice with oiled silk. In very grave cases, where the abscess is at the very base of the gland, the seton is resorted to.

By this means M. Chassaignac considers, and shows, that the duration of these abscesses is much abbreviated. He says that since he has adopted them, he never sees the cases last for whole months as was formerly frequent. "A duration of three months, for example, is no longer known in our wards." Of the cases reported, where union took place by the second intention, one was cured in a week, and most of the rest within a month, but it is not pretended that all get well as soon as the longest of these periods.

I have been thus particular in furnishing an abstract of M. Chassaignac's method, because I believe it to be little known in this country, while it is eminently worthy of attention. At the same time, I desire to invite a comparison of the results of his treatment and that by the sponges, of which I am now about to relate some cases.

One word as to the classification. M. Chassaignac makes two grand divisions, viz.: 1. Extero-mammary. 2. Intry-mammary. The first of these divides into sub-cutaneous and sub-adenoid. The second into interlobular and canalicular. Each of these four is again divided into several varieties, as diffuse, phlegmonous, angioleucitic, etc. While I admire the exceeding nicety in diagnosis of this distinguished surgeon, and have no doubt of the correctness of his classification, yet I submit that, practically, it is not of very material consequence to make such minute distinctions. What we do wish to know, however, in every case is, whether or not the gland itself and the lactiferous tubes are involved. For, in the one case, we *may* allow the child to draw the milk from the breast, while in the other it *must* be strictly forbidden. We know that the tubes are affected, when we see milk mingling with the pus which is discharged from the abscess, or where pus is discharged from the orifices of the nipple. But we cannot always be sure that they are not involved when neither of these things takes place, since the secretion of milk may be entirely arrested, and so not appear at the cut, or pus may be formed at the extremities of the canaliculi, and discharge into the cavity of the abscess, only finding its way through the nipple as the case approximates to a cure. This happened in a very marked manner in one of the cases which I shall relate.

I am unable to furnish exact notes and dates of the three or four cases of *superficial* abscess which I have treated by the sponges. They have, however, all healed up in a manner equally rapid with those reported by M. Chassaignac, viz.: in twenty-four to forty-eight hours. In one instance the abscess was on the inner edge of the gland, and of the size of a hen's egg. In another there were two, and on each side, pointing within the areola, occurring on successive days. Only one application of the sponge to each was required, the infant continuing to nurse without interruption. The cases which follow involved a large portion of the organ and the milk tubes.

Case 1.—Mrs. H. J. was confined with her first child August 1, 1855. I left town a few days after, and on my return, about the first week in September, I found her with a very large abscess, involving nearly the whole breast. The patient, naturally robust, was in a state of extreme prostration. The breast was opened, in the course of the next few days, in five different places, and discharged an enormous quantity of pus. A probe could be passed its whole length, in different directions, through and under the gland. The entire organ was in a state of induration and enlargement. No milk could be got from the nipple. On September 13, a new point of inflammation having appeared on the upper part, and the skin being already bright red over a space of two inches square, I applied two sponges—one to the newly inflamed part, and the other to the lower part of the breast, covering all the incisions.

September 14.—Inflammation and hardness entirely gone in the first named locality; the size of the breast diminished one-third; the cuts healing, and the milk running freely.

Being unable to obtain a supply of the compressed sponges, I did not repeat them on the 14th; but they were re-applied on the 15th, 17th, and 18th. On this last day, the wounds had all healed, excepting one near the nipple, from which, as well as from the nipple, the milk flowed freely. The breast about one-half the size of the other. Some induration in the lower third only.

September 19.—Further improvement. Sponges omitted—the breast being merely suspended in a sling; patient rode and walked out.

September 20.—Some soreness and induration in upper part of breast. One of the cicatrized points below looking red, I opened it with the end of a probe, and let out two or three drops of pus. From another, which was opened in the same way, a few drops of clear serum flowed. Re-applied sponges.

September 21.—The fistulous opening near the nipple gave exit, after pressure upon the upper part of the breast, to about a drachm and a half of sero-sanguineous matter. The other openings firmly healed again, and the breast was everywhere softer, and free from tenderness.

From this date to the 26th, the sponges were applied daily, with one exception. On the 27th, the patient left town on a visit to some friends, the general health entirely restored—the whole breast being soft; the milk flowing very freely; the fistulous opening almost healed, barely receiving the point of the probe, and yielding a single drop of serum. From the outset to the close of this case, there was no pain following the application of the sponges—the patient, on the contrary, obtaining marked relief under their use. A very slight inconvenience was felt, the first day or two, from the tightness of the bandage. The patient was allowed full diet, with wine.

A year afterward, I attended this lady in a second confinement. There was some threatening of inflammation a second time, but it disappeared after one or two rubbings, and she nursed her child on this side as well as on the other.

Case 2.—Mrs. W. was confined near the last of May, 1856, with her second child. This lady had been attended in her labor by a homœopathist, and was doing well until about the tenth day, (notwithstanding a very constipated state of the bowels, which, as usual, had not been interfered with,) when the breast began to inflame. It was treated lightly by the attendant, who left town, and I was called in on the evening of June 6. Although there was some evidence of suppuration, I yet hoped to avoid an incision, and on the 7th applied the compressed sponges, and continued them until the 10th, with entire relief of the pain, and subsidence of inflammation, when, finding that it was indispensable to evacuate the matter, I ordered a poultice, and opened the abscess on the 11th, giving exit to about half a pint of pus, mixed with milk. On the 12th, I applied the sponges again, and continued them daily until the 17th. On the 14th the discharge consisted almost entirely of milky serum.

June 16.—Dressing omitted at night.

June 17.—A soft moist sponge substituted for the compressed.

June 18.—Bandages omitted. Two or three drops of serum only from the cut.

June 20.—Wound perfectly cicatrized; breast free from hardness everywhere, and milk flowing freely.

In this case the sponges were only required for five days after the abscess was opened.

Case 3. Mrs. M., æt. about 20 years of healthy constitution, was confined on February 25, 1857, with her first child. She had a very tedious labor, in the course of which, I was called to see her, in consultation. After delivery, she did well for the first week or ten days, when symptoms of breast abscess showed themselves. On March 11, I was again requested to see her, I found her with the right breast very much swollen and hard, yielding no milk; the left also hard, to a less extent, but giving milk; and the patient in a very feeble condition. There was, with all this, very little soreness or acute pain, but the nervous system was so far affected that she could not sleep, and the pulse was upward of one hundred. There was an obscure sense of fluctuation in the right breast, but so uncertain, that I did not feel justified in making an incision. I therefore applied a poultice, and, on the next day, finding no change except an increase of tumefaction, and, aggravation of all the symptoms, I decided to apply the sponges. By request of the attending physician, I now took entire charge of the case. The first application was followed by a decided relief of all the symptoms. On the 13th, the matter was apparent enough, and I made an opening, letting out about eight ounces.

On this day, and the 14th, the breast was poulticed, and discharged a large quantity of pus.

March 15.—Sponges applied.

March 16 and 17.—On each of these days new collections of matter were discovered, not communicating with the first, and were opened. After evacuating the matter, which was deep-seated, the sponges were re-applied.

March 18.—After pressing out the matter as much as possible, a small slough appeared at the principal wound, which was seized by the forceps and extracted, A second slough now appeared, which was still firmly adherent. The cavity was injected with warm water (which caused no pain,) was completely washed out. Poultice.

March 19.—The slough appeared loose, but so large that it was necessary to dilate the wound, after which it was extracted with a dissecting forceps. The removal was followed by the discharge of a large quantity of matter, apparently from the very base of the gland. The slough extracted was as large as a hen's egg. After its removal, the external half of the breast collapsed, forming a considerable depression. Air got into the cavity, and insinuated itself into its ramifications, being perceptible to the touch on the superior and sternal edges, at points farthest removed from the first seat of the matter. Poultice applied this day and the next.

March 21.—The discharge having somewhat diminished, the sponges were re-applied.

March 22.—Same. Discharge very much diminished, and the breast everywhere softer.

March 23.—Further improvement. On gently rubbing the breast with oil, a few drops of milk appeared at the nipple. General condition very much improved. Gaining strength daily.

From this date until April 6, the sponges were applied daily. At each dressing the breast was rubbed with oil. The secretion of milk was re-established—a certain quantity flowing spontaneously, and two or three ounces obtained from the nipple at each dressing. Milk also flowed from the principal opening, the others having closed. Before the cavity had entirely healed, a few drops of pus found exit at the nipple. Meantime, the left breast, which had continued more or less hard on the axillary side, suppurated, and an opening was made on March 30, which discharged about four ounces of pus, and a few sloughy shreds. This breast had continued to secrete milk. It was daily rubbed and dressed with the sponges, like the other. There was little pain or soreness near the seat of the abscess. On the sternal side, however, inferiorly, and at the superior edge of the gland, there were two points where the patient complained of considerable tenderness on pressure. There was also some induration at these points, which felt to the touch like the distended vessels of the cord in varicocele. After rubbing them for some minutes in the direction of the nipple, a considerable quantity of thick milk was first discharged through the natural orifice, followed by a few drops of pus. Evidently, the matter had formed within and at the extremities of the milk tubes, and had been there imprisoned. The same phenomenon presented itself for several successive days, the quantity of pus gradually diminishing and that of the milk, from this portion of the organ, increasing. At length, all purulent discharge ceased, and with it all induration and soreness.

Finally, on April 8, all the wounds were entirely closed; all induration had disappeared, and the patient had entirely recovered her health. There was milk, apparently of good quality, in both breasts—the right secreting a little, the left freely. An attempt was made to induce the child to nurse, but having been kept from the breast so long, it refused to lay hold of the nipple. After an interval of three months, the breasts continued to secrete a little. They were entirely healthy, the cicatrices scarcely noticeable.

Although this case was of longer duration than either of the others which I have related, I consider it as furnishing fully as valuable testimony to the merits of the treatment as any of them. Every application of the sponges was followed by marked improvement, while that and the daily frictions brought about a restoration of the suspended secretion. A very interesting point is the evidence furnished that pus may form at the extremities of the milk tubes, and be discharged through the nipple, requiring no other outlet.

I suspect that, in this case, the sloughs were formed at a very early period. The comparative absence of tenderness, combined with such extensive induration, leads me to entertain this opinion. The duration of the case was probably doubled by their occurence.

Case 4.—Mrs. C. confined with her fourth child June 12, 1857. This patient had been in very feeble condition for a long time. Soon after the birth of the last child, about three years since, I had detected tubercles in her lungs, and during the whole of this gestation she had copious and persistent hæmoptysis. She got along pretty well, however, during her labor, and afterward for about a fortnight, when she had one or two paroxysms apparently of intermittent fever, which was relieved by quinine. A day or two after, the right breast became painful and inflamed, and a small abscess formed near the periphery of the gland, toward the sternum. This was opened, discharged about a drachm and a half of pus, and healed without difficulty. Two days later there was renewed pain and tumefaction, chiefly on the opposite side of the breast; the whole breast became hard, then œdematous, and I had no doubt of the existence of matter, though it did not point. About the same time the saphena vein of the right leg became inflamed, for a space of about four inches, near the knee. The patient was extremely averse to the lancet, and I, therefore, seeing that there was no certainty of reaching the matter without an extensive cut, contented myself with poulticing for several days, treating meanwhile, the phlebitis, which got better. At length, detecting unequivocal fluctuation on the outer side of the breast, I made an opening with a tenotomy knife, running it in nearly an inch and a half, but nothing followed except blood and a little turbid-looking serum. The cut bled a good deal during the day, and weakened the patient considerably. Up to this time I had been unwilling to use the sponges on account of the difficulty in the lungs, fearing, lest the wet condition in which the patient's chest must necessarily be, might light up the old trouble, which seemed now quiescent. But having examined her chest carefully, and found much less evidence of extensive disease than I had anticipated, I decided to take the risk, and on July 13, the day following the second incision, applied them so as to compress the whole breast. In twenty-four hours the œdema had almost entirely disappeared; in two days more, the milk, which had been entirely stopped, began to flow. I continued to apply the sponges daily for a week, very much to the comfort and satisfaction of the patient, who said that nothing had given her so much relief. On the 20th, I applied them for the last time, the patient going into the country next day, with the breast everywhere nearly as soft as the other, and the milk flowing very freely. I should add that, on this day, I lanced a small superficial abscess on the axillary edge of the breast, which had been observed since the second day of the application of the sponges, letting out only half a drachm of matter. There was no bad effect whatever upon the pulmonary disease. If there was any collection of matter in the substance of the breast, it had become absorbed.

In this case the sponges used were not compressed, but were applied after being wrung out of water, and subsequently saturated. They are not quite so conveniently applied as when compressed, and the pressure cannot be so equally made; but they will probably answer pretty well under some circumstances.

The secret of the efficacy of the sponges consists, it seems to me, in three things:—1. They enable us to apply uniform, and at the same time, gentle pressure. 2. They have all the emollient effect of a poultice. 3. They absorb the matter or milk discharged, and promote its flow by capillary attraction.

It is proper to add that I have occasionally, in all these cases, used tents for a day or two to keep open wounds which showed a tendency to heal before it was desirable. A bit of sponge answers admirably for this purpose.

There can be no question, I think, of the superiority of the mode of treating breast abscesses, which is here described, over the old methods by the stimulating injection, the perforating seton, and the large and deep incisions. The profession must decide also whether it is not also better than that of M. Chassaignac. Let us compare the advantages and disadvantages of the two methods:—

1. The method by occlusion produces obliteration of the cavity in

one or two days in the superficial abscesses. Our method does the same. Here we are equal.

2. The daily injections of tepid water, and the applications of the cupping glass are attended, according to M. C.'s own statement, with very severe pain, rendering the administration of chloroform almost indispensable. Our method is attended with no pain whatever, so far as I have seen; but on the contrary, with an immediate sense of comfort and relief. (I attribute the pain which existed, for a short time, in some of Dr. Johnson's cases, to his having employed cold instead of tepid water in moistening the sponges,)

3. The method of M. C. requires the use of apparatus not always at hand; the irrigator, the hydrocele syringe, or the "*sonde a injection recurrente*," the cupping instrument, etc. We require nothing but sponges and bandages.

4. The French surgeon is obliged, occasionally, to resort to the perforating seton. With us this has not been required, nor have we thus far been obliged to make even a counter opening.

5. It has never been found necessary with us to confine the arm, though perhaps that would still further accelerate the cure.

6. The average duration of the cases of deep-seated abscesses is considerably reduced by our method.

We have little or no information, in M. Chassaignac's reports, in regard to the secretion of milk. In all the cases above related, it was preserved or restored.—*New York Journal of Medicine.*

THE INFLUENCE OF OCCUPATION ON MORTALITY.

The attempts hitherto made to determine the influence of professions on health are greatly reduced in value, in consequence of the inadequate data on which they are based. If Ramazzini and Thackrah could have known the facts of the last census, the observations resulting from their scientific and benevolent labors would have had the authority of natural laws. The census sheds the light of statistical truth on the relation of professions and occupations to mortality, aud brings out truths which no less extensive investigation would enable the most sagacious observer to anticipate.

It will be an incalculable advantage to obtain by means of the next census,a scientific deduction as to the effect of each kind of occupation on mortality. As the initial step has been taken, we may expect it will be followed by others, in a path which, if beset with difficulties, cannot be traversed without leading to the most important and beneficial discoveries.

The last census report gave the number of persons in each occupation in 1851, and the fourteenth annual report of the registrar general shows the numbers in these occupations dying, at corresponding ages. In this early attempt to arrive at the ratio of occupation to the rate of mortality, it has been found that a difficulty arises from the want of definition of the various occupations, sufficiently clear and determined—a difficulty which can be overcome by more detail to future census operations. It is, for example, found impossible to distinguish the rate of mortality among the different classes engaged in the manufacture of silk, of cotton, of linen, and of woolen, as great numbers of them are grouped together under the designation of "weaver;" "miners," whether in lead, iron, copper, or coal mines, fall under one general designation; and "laborers" in the field, or rail ways, in quarries, and on the roads, are not distinguished from each other in the registers.

Still, there are certain occupations sufficiently defined to obviate all danger of their being confounded, and whose rate of mortality can now be recorded with certainty. We give these classes at the decennial period, ranging from 45 to 55,* as arranged in a table (XVIII) which shows the advancing rate of mortality in twelve occupations.

1. *Farmers.*—Of the twelve classes under consideration, farmers are the longest livers, their rate of mortality being not quite 12 in 1000 (11.99). The number of English farmers of all ages, 1851, including 2429 graziers, was 225,747, of whom there were 53,608 between the ages of 45 and 55. In that year, the total number of deaths among the farmers of all ages, was 6426, very much below the numbers which would have been registered had these individuals been engaged in other pursuits. These facts prove that the pure air, the daily exercise, the substantial fare, and the other aids to health enjoyed by this substantial class, considerably modify the influence of unfavorable weather, bad seasons, open ports, peculiar burdens on land, and all the other ruinous things which farmers' friends have been accustomed to depict in such gloomy colors.

2. *Shoemakers* hold the next place to farmers, their rate of mortality between 45 and 55, being 15.03 in 1000. They are followed by

3. Weavers,	-	-	15.37 in 1000
4. Grocers,	-	-	15.79 "
5. Blacksmiths,	-	-	16.51 "
6. Carpenters,	-	-	16.67 "
7. Tailors,	-	-	16.74 "
8. Laborers,	-	-	17.30 "

As will be seen, on inspection, there is among these seven occupations a gradual increase in the rate of mortality, which, considering their great diversity, is quite remarkable. The near approach of these occupations to each other in the scale of mortality, arises from the circumstance, that they have peculiar dangers which tend to counterbalance each other. Thus it is to be noticed that the "tailor is not exposed to the explosions which are fatal to the miner, and the laborer has exercise which is denied to the tailor."

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*The decade from 45 to 55 is the only age to which the census returns have been applied in the fourteenth annual report of the registrar general. We shall have still more important results when these returns are applied to earlier ages.

Ascending this scale of danger, we pass to

9. Miners,	20.15	in 1000
10. Bakers,	21.21	"
11. Butchers,	23.10	"
12. Inn-keepers,	28.34	"

A great disparity is observable in passing from laborers into the class of miners, telling a tale of dangers, many of which result from criminal neglect. Between laborers and the last four classes in this table there is a most remarkable hiatus. In the classes previously noticed, the difference in no case is no more than one in a thousand, and in some instances less. Here the difference begins with three, and mounts up to nine, in a thousand.

The returns show that the highest rates of mortality are found among the butchers (23.10 in 1,000), and the class of inn-keepers and licensed victuallers (28.34 in 1,000).

The extraordinary mortality of butchers is a fact for which we are indebted wholly to the last census. The "red-injected face" of the butcher has produced a wrong idea as to the healthy nature of his occupation. This idea is now corrected by scientific induction, and proper sanitary means will overcome the evil thus brought to light. To quote the significant remarks in the report conveying this fact, here is an important problem for solution: "On what does the great mortality of the butcher depend? On his diet, into which too much animal food, and too little fruit and vegetables enter? on his drinking to excess? on his exposure to heat and cold? or, which is probably the most powerful cause, on the elements of decaying matter by which he is surrounded in his slaughter-house and its vicinity?"

If the rate of mortality among inn-keepers, licensed victuallers, and beer-shop keepers should be seized with avidity by the advocates of teetotalism, they must not be forbidden its use; at the same time they must be reminded, that "many highly respectable men of this class lead regular lives, and are of steady habits; but others, exposed by their business to unusual temptations, live intemperately and enjoy less quiet at night than the rest of the community. They are exposed also to zymotic diseases, by intercourse with large numbers of people."

Startling and painful as are these disclosures, they connot be too widely published. They have a practical value among those who deal with the averages of life, for commercial or benevolent purposes; while, to those more specially concerned, they show the necessity, for their own safety, of employing the measures by which unnecessary disease and premature death may be obviated.—*Med. Times and Gazette.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, NOVEMBER, 1857.

To Our Subscribers:—In our last number we called attention to the necessity of remitting the amount due us for the present and past years. We are sorry to be obliged to say that but one man has responded to our call for money, and we have been led to conclude that it is quite time for us to stop publishing the Journal.

We therefore announce, that at the end of the current year, *we* shall suspend its publication on our own account.

Negotiations are in progress with a responsible publisher, who it is hoped, will be willing to carry it on; in which case it will not stop.

Meanwhile, all who are anxious that it shall go on will please manifest their desire by sending whatever they may owe us, and a dollar for 1858—which will be duly returned if a responsible publisher cannot be found.

The number of subscribers is amply sufficient to sustain it, if they would pay their subscriptions promptly, but their carelessness in remitting causes a loss where there should be a gain.

Physicians' Visiting List.—This valuable pocket companion, for 1858 has appeared.

Its use in former years has made it a necessity, and we advise every practioner who wishes to keep his business matters well arranged, to purchase and use it one year, well assured that they will not afterwards be without it.

A case of Fibrous Tumor of the Uterus, accompanied with Excessive Hæmorhage, successfully removed by Excission, By B. Fordyce Barker, M. D.

This case, is in many particulars, unparalleled, and is another triumph of this eminent obstetrician. The case, one of non-pediculated fibrous tumor, had been treated by M. M. Trousseau Velpeau and Nelaton, who considered an operation impracticable. After being reduced by the excessive hæmorrhage to the verge of dissolution, the tumor was removed by Prof. Barker. The operation was entirely successful, and the patient restored to perfect health.

N. H. MEDICAL SOCIETY.—The following Circulars are issued by two of the committees of the State Medical Society.—The Circular of Dr. Smalley, committee on Surgery, is mislaid, but will appear in our next number.

AMHERST, August, 1857.

As "Committee on Epidemics," by appointment of the N. H. Medical Society, I wish to obtain reliable information respecting such diseases, should any occur in our State; and you will confer a favor by communicating to me, as early as the first of May next, any appropriate facts upon that subject within your observation or knowledge.

The best informed sanitarians, both in this country and abroad, assert that the causes of all zymotic diseases may be, to a very great extent, ascertained and avoided; and, in studying the epidemics of the year, your attention is particularly solicited to that point—the elucidation, namely, of the causes, whether local or more general, in which those diseases originate—as well as to any novel features developed in their progress, and to all new modes of treatment or new remedies that may be found of value.

Respectfully Yours,
FRANCIS P. FITCH.

The undersigned, as Committee on Practical Medicine of the N. H. Medical Society, intends to make a report at the next annual meeting, on the subject of Typhoid Fever.

He is desirous of presenting as full a history as possible of the prevalence of this disease during 1856 and 1857 in New Hampshire.

In order to make the report of value, the co-operation of the members of the Society will be indispensible. And the undersigned earnestly requests every medical gentleman in the State to furnish him before the first of March, 1858, with an abstract of the cases of typhoid fever that have come under his care within the last two years. It is very desirable that the following particulars be given.

1. Number of cases in each month. 1. Number of families. 3. Number of fatal cases. 4. Age, sex and occupation. 5. Name of town. 6. General character of the disease in each year: prominence of abdominal, pulmonary or cerebral symptoms. 7. In how many cases did each of the symptoms, diarrhœa, delirium, cough and rusta sputa occur? 8. Character and frequency of secondary affections. 9. Topography of the town: elevation, character of soil, water-courses or ponds, etc.

Gentlemen need not be limited to these particulars; they are requested to furnish as full an account of the two epidemics as they conveniently can. The committee particularly desires a full sketch of the general character of the epidemic, with all the details that can be given, its character of depression or the reverse, with the treatment that was most beneficial,—especially the tolerance of stimulants.

In some towns to which the undersigned has been called, fever has shown a marked degree of depression from the outset, and stimulants have been required throughout. There has been in some places also a great tendency to hæmorrhage. The fullest report of all such particulars will be most gratefully received. But where gentlemen are not able to go into any further details, they are requested to give answers to the several questions proposed in the beginning of this circular.

The undersigned indulges the hope that all the members of the Society will aid him in making the report as full and valuable as possible. They may be assured that in the digest of the materials they furnish, full credit shall be given to all who favor the committee with their assistance.

Wm. HENRY THAYER, M. D.

Committee on Practical Medicine, of the N. H. Med. Society.

October, 1857.

REPORT ON SPIGELIA.

By R. H. Stabler, M. D.

To the American Pharmaceutical Association :

The subject entrusted to me at the meeting of last year being strictly an experimental one, I shall confine my remarks to a detail of the methods pursued in the investigation and, the conclusions drawn from them.

Twelve ounces of spigelia root was macerated in two gallons of water for twenty-four hours and seven pints distilled off into a narrow necked receiver; numerous white flakes rose to the top and were carefully collected in the narrow portion of the neck, and separated from the remainder of the liquid for examination.

It had a pungent oder and taste, unctuous feel, was soluble in alcohol and ether; to water it communicates its sensible properties, but is only soluble in small quantities in that menstruum; has a granular appearance under the microscope; carbonate of potassa renders it soluble in water, but destroys its taste and odor. The decoction remaining in the still was separated by expression from the root, treated with solution of sub-acetate of lead to excess, filtered, and the excess of lead separated by carefully adding dilute sulphuric acid until it ceased to cause a precipitate; again filtered, the filtrate evaporated over a steam bath to the consistence of a soft extract. Ninety-five per cent. alcohol was made to dissolve all this residuum soluble in it, which left a tasteless brown extractive. The tincture was filtered off, passed through a bed of animal charcoal to decolorize it, evaporated over a steam bath and treated with ether, which did not dissolve any portion of it. This substance has a reddish brown color, is uncrystallizable, neutral to test papers, deliquescent, and hence difficult to retain in the solid form, soluble in water and alcohol, insoluble in ether, and like the products of other members of the order Loganiaceæ, has an intensely bitter taste.

Carbonate of potassa or soda do not affect its sensible properties; solution of per-chloride of iron or sub-acetate of lead do not precipitate it from solution; infusion of galls appears to be incompatible with it, causing a precipitate when added.

When heated with liquor potassa and tested by muriatic acid. vapor evidence of the presence of nitrogen was afforded. It froths with water when shaken with it, and when taken internally causes vertigo and headache. Whether the vermifuge properties of the root reside exclusive in this principle, experiment only can determine, which has not yet been done for want of opportunity; that it has the active principle of the root in an eminent degree I am convinced by the experiments on my own person, producing the narcotic effects attributed to the plant.

Another portion of root in course powder was exhausted with hot water, the infusion expressed from the marc, the latter then treated by maceration in eighty per cent. alcohol and displaced with more of the same menstruum, until it passed without color; the alcohol was evaporated by a gentle heat, when a brown resin separated having neither taste or smell if purified from the bitter principle above mentioned, and is, I believe, inert.

A third portion of root, in coarse powder, was treated with ether by displacement until it ceased to extract color from it; this was exposed in a shallow dish and allowed to evaporate spontaneously; the extract left was exhausted with boiling water, filtered, and solution of per-chloride of iron added, which gave a bluish black precipitate. The portion not soluble in hot water was a soft wax which gave out a pungent oder when heated, owing to its being impregnated with the volatile oil of the root.

The constituents of the root according to this analysis are

1. A bitter, uncrystallizable, proximate principle.
2 A volatile oil.
3. Tannin.
4. Inert extractive.
5. Wax.
6. Inert resin.
7. Salts of soda, potassa and lime. 8. Lignin.

In answer to the questions proposed at the last meeting of the Association, in 1856, I would submit the following, as warranted by the above data.

1st. The activity of Spigelia Marylandica resides in an acrid, bitter, proximate principle, soluble in water and alcohol, insoluble in ether; it is not volatile, is uncrystallizable, neutral and deliquescent.

2nd. The volatile oil, to which the feble odor of the root is believed to be due, exists in small quantities only, and does not appear to contribute essentially to its activity; this odor is strongest in the fresh root, and as all vegetable remedies deteriorate by exposure and age, the odor of the root is an indication of its freshness only, and as such valuable, but cannot be regarded as an invariable criterion of activity.

3rd. Water and alcohol are equally good solvents of the active principle.

4th. The carbonated alkalies do not diminish its activity.

From the Proceedings of the Am. Pharmaceutieal Asso., 1857.

HOMŒOPATHY IN THE FIELD.

That scientific and learned coterie of savans, yclept the "Ten Governors of the Alms House," have been for several months negotiating with a number of the Homœopaths of the city, who are ambitious of trying the potency of the infinitesimal pellets of sugar of milk in the Bellevue Hospital, the *sick poor* of the city to be there made the subjects of the experiment. These little pill gentry propose that they should be intrusted with one half the wards of the Hospital, and receive every alternate patient, as admitted, and assume the sole responsibility of their medical and surgical treatment. A committee of that sapient body have the matter in charge, and as several of the Governors have been taking or smelling the pellets themselves, for their bodily ailments, it is said that a majority and minority report will shortly be made, when some definite action will be had in the premises.

Unfortunately for the project, it has been attempted, tried, and abandoned in so many instances, that no precedent can be cited which is not fatal to the sect. The Homœopaths have been driven out of every hospital in Europe into which they have ever been permitted to enter, and all the hospitals they have ever had of their own, in any country, have perished on their hands of inanition, after disgraceful failure.

At Chicago, Ill., in our own country, the Homœopaths have recently induced the Board of Health to stultify themselves by appointing some of the sect to a new hospital about to be opened in that city, and to insult an equal number of regular physicians and surgeons, by associating their names with these quacks, under the nickname of the "*Allopathic* Board," of the same hospital. In the last number of the Gazette, Professor Davis's indignant refusal to be included in any association with Homœopathy, or recognition of its disciples as medical men, resents the outrage in fitting terms. And as no "Allopath" can be found in Chicago, *physicians* everywhere repudiating the misnomer, the Homœopaths and the Board of Health will be left "alone in their glory." Chicago, therefore, will have the honor of having the only Homœopathic hospital on the face of the earth: all those of Germany, France, Great Britain, &c., having become defunct, and been abandoned by their projectors. Whether New York is to become the second field of the experiment remains to be seen. Our profession here, appear to be profoundly indifferent in the matter thus far; and the medical men concerned are not called upon to decide upon their course until the deed is done. As the Board of Governors is a political body, no action will be taken until after the election.—*American Med. Gazette.*

EXCESSIVE MEDICATION.

This topic is now prominently discussed in medical journals, at home and abroad, and is deservedly attracting the attention of the profession, and awakening interest in the public mind. It is right that it should be so, for an overweening faith in drugs has vitiated medical teaching in the schools, and done more to detract from the public confidence in medical practitioners, and to perpetuate the mischiefs of nostrum vending, than all other causes combined.

This is no new topic with us, for this vice of excessive medication by physicians, and the kindred fallacy of domestic drugging in the private family, for every real or imaginary ailment, formed the staple of much that we have written and published, in various ways, during the last thirty years. For though, in common with the brethren of the passing generation, we had learned from our teachers and the books, the virtues and powers of a multitude of drugs, and the value of herculean agencies in battling with disease, yet we very soon unlearned these lessons in actual practice, and have ever confided in few drugs of deleterious liabilities and perturbating effects, and these only in cases of urgent necessity. "To expend the strength of a Sampson in the destruction of a fly" has often been literally done, by employing active remedies and violent means in subduing morbid action, when rest, abstinence, and innocent medication have been adequate to the purpose. And yet there are emergencies occurring in disease, in which the vital organs are preserved only by the most vigorous depletory and drastic means in the power of our art. The tact safely to discriminate these few from the many, is acquired only by experience, and hence it is that young physicians are apt to give more physic than old ones, by reason of an overweening faith in drugs.—*American Med. Gazette.*

A Persian king sent to the Caliph Mustapha, a very celebrated physician, who, on arriving, inquired how they lived at the Court. The reply was:—They eat only when they are hungry, and never entirely satisfy their appetites. Then said he, I will retire, for I shall have no prctice here.

Andre Baccius, a distinguished practioner of Florence, but very peculiar, having been called to see a sick lady; commenced by feeling her pulse, and finding much febrile action, he inquired, among other things, her age. She had scarcely informed him that she was eighty years old, before he threw down her arm and hastening out of the chamber, said, "Madam, how long do you want to stay in this world?"

A Peasant consulted a celebrated occulist about his eyes, and asked him, (whom he found eating and drinking freely) "What shall I do for my eyes?" "Abstain from wine," said the doctor. "But it seems to me," said the peasant, walking up to him, "that your eyes are worse than mine, and yet you drink!" "True," said the occulist, "that is because I love to drink better than to get well."

Heller's *Pathological Chemistry of the Urine* has been translated from the Norwegian, by Dr. Wm. D. Moore, and has been published with additions by Dr. Ludvig Dahl.

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TRUTH LEADS TO SUCCESS.

An Address delivered before the Graduating Class at the Dartmouth Medical College, Nov. 11th, 1857.

BY GEORGE H. HUBBARD, M. D.

[Published at the request of the Faculty and Class.]

Gentlemen: — Having safely passed the great crisis of your lives, it is fitting that whatever I may say to you should be concerning your future professional career.

Every event in life is the natural result of an antecedent cause. The affairs of men are just as strictly governed by fixed laws as are the motions of the planets, and it is as impossible to succeed in a course of conduct which violates these laws, as to suspend the laws which govern organic matter.

My young friends, if I can impress upon your minds the truth of this proposition, and the necessity of so governing yourselves that your lives may harmonize with kind Nature's laws, I shall have been called here to some good purpose.

Success in life is entirely dependent upon the relation our conduct bears to the Divine attribute TRUTH, on which is founded all the principles which should govern us as men and as physicians.

Truth demands obedience to the law which governs human existence, while Falsehood leads to its violation. Truth is the simple and perfectly reliable test by which we are to judge our own conduct and that of others. Truth is the *only* test by which human life and human actions are to be tried and judged and Truth is *the test* by which your lives, as men and as physicians, will be judged, not only by your Creator, but by your fellow men.

This being the case, if you are wise, you will so arrange your lives that they may stand this test. Think not that I am about to read you a homily on your moral relations and duties, for I will do so no farther than is necessary to show, as I shall endeavor to, that your success in life depends upon squaring your actions by this test of truth. It is my desire to convince you that it is vain to hope for success but by a rigid adherence to Truth, Right, and Justice. If you would succeed, adopt the old Latin precept: *Magna est Veritas et Prævalebit.* It is a very old motto, but by physicians should be ever borne in mind and its teachings never disregarded; for I can assure you that whoever comes to regard it as a stale precept is in great danger of failing in his dearest aspirations for professional success.

Allow me to look forward upon your professional lives, try your conduct and measure your success by this *test of Truth.*

You have obtained your degree and title of Doctor by convincing your examiners that you are good and true men, and qualified for the important trust confided to you. If you are really such, there is nothing to fear and ultimate success is certain; but if by any cunning, artifice or imposition you have unworthily obtained this honor, you may well tremble for your position. However much you may be satisfied with your present success, be assured that "Truth is most powerful and will ultimately prevail."

Much has been said of the duties and qualifications of medical men and the course of conduct necessary to success. Now success, as applied to the life of a physician, means two very different conditions, according to the light in which it is viewed. While to most people, that man only is called successful who has been able to put money in his purse — we know of many who have lived and died in poverty, yet were really and eminently successful as physicians and public benefactors.

If money, fame or power is the aim of your lives, you have greviously erred in your choice of a profession. If you have strong aspirations for either of these, you cannot too soon abandon scientific pursuits, and enter upon other and more direct roads to their acquisition.

Professional success is as incompatible with great personal selfishness, as it is incompatible with that disregard for Truth and Honesty so commonly found in very selfish men.

But the temptation to cheat your way into the profession, has been slight in comparison to the temptation to vary from the truth, which will beset your early professional career.

That period of the life of a young physician when he is waiting for practice is not only the most unhappy but also the most dangerous. 'Tis hard to drag out months of seemingly useless existence; to look on and see men notoriously our inferiors enjoying that favor and patronage to which we feel ourselves clearly entitled; and that the temptation to secure that favor by some questionable artifice, is too often irresistable, is not so much a matter of surprise, as of regret. To be able to withstand these temptations you must be determined to try them by the test of truth, and abide the decision.

If true to yourselves, you will not spend these months of waiting in idleness. There is full occupation for every hour. Your knowledge of disease at the best must be very imperfect, and an industrious employment of all your time is needed to carry on that professional education which is now but fairly begun, and which should never cease but with your lives. There can be no more pitiable being than the physician who has finished his education.

During this trying period of your career you will meet with annoyances and discouragements so unexpected and so apparently unjust as to tempt you to retaliation. Friends on whom you fondly depend to start you in practice, will coolly employ your rivals, and it will require all your firmness and resolution to remain true to yourselves and quietly submit to what is really only an annoyance, but which will appear to you as a personal injury.

Perhaps one of these friends will employ you, and a case trivial in itself becomes of undue importance; to you from your personal anxiety; to the patient and friends because of their lack of confidence in your professional capacity. This lack of confidence is only to be dispelled by showing them that you are in *truth* as well as in name a good physician.

You may be tempted to magnify the danger of the case that your credit for the cure may be greater, or, from fear of being superseded, to give unwarrantable assurances of a favorable termination.—Either deviation from truth is dangerous, and will eventually result in your injury. The public are very shrewd in detecting attempts to impose upon them, and they soon become suspicious of the physician whose patients are *all* very sick, yet *all* recover. On the other hand, it is better to lose the care of a dangerous case than to have it terminate unfavorably contrary to your prognosis.

An open, candid, straight-forward course is the only safe course. It leaves you free to sleep o'nights, while falsehood and duplicity require continual vigilance to escape the detection which is sure eventually to overtake their victims.

But you must not conclude that an honest course will command success if unaccompanied by some manifestation of merit, for "sometimes Virtue starves while Vice is fed," and that truth, which is sure to prevail, is not confined to your habits of speaking, but is *true merit* in its broadest sense.

It is not enough for you to possess merit; the fact must be known or there is small chance to make it useful to yourselves or others.

How is this to be done? Not by a brawling, boastful display of your acquirements, for, although by so doing you may gain a temporary advantage. it is a false course, and will eventually fail.

If you start with a fixed purpose to hold fast and abide by the true and right, you need never be at a loss as to your true course of conduct; the truth will manifest itself so plainly as never to be mistaken.

On the contrary, if you allow yourselves to vary from strict truth in pursuit of some temporary advantage, it will not be long before your ideas of right and wrong as regards your own conduct, will become so indefinite and confused that you will be left to follow every temptation to wrong, however trivial may be the gratification or gain promised.

The public will watch your acts, and will judge you much more justly by what you *do*, than by what you *say*. Therefore, when you find yourselves located, instead of endeavoring to talk up a reputation, go diligently to work to make yourselves worthy of one; and fear not if you are so, and are true to yourselves and your profession, you will soon have all the reputation you deserve.

Sensible people will be much more favorably impressed if they find you laboring to remedy the deficiencies of your education, than by any boasts of learning made by yourselves or friends.

If you have merit as physicians, you will have opportunity ere long to manifest it at the bedside, where will be put to test your boasted powers, and you will be judged by those shrewd to discern the true and detect the false.

To be prepared to acquit yourselves creditably at the bedside, you must cultivate a habit of diligent and patient investigation. Carefully study your cases; not in any one book, but in all to which you have access; compare the written case with that presented to your view; wake up all your perceptive faculties, that you may if possible learn something from the *real* case which is not recorded in the books.

Watch the effect of your remedies, taking into consideration all the incidental circumstances which would modify their action; discover if possible the cause of any unexpected phenomena, that you may be prepared to anticipate and prevent such in future.

Such care and study of a single case will do you more real good than to read volumes in an indifferent and listless manner; and the study of all your cases in this manner cannot fail to make you eminent in your profession.

Another mode of searching for truth is much too often neglected, especially by country practitioners. I allude to making post-mortem examinations in all proper cases, more especially where there has been a want of plain diagnostic symptoms.

The popular prejudices against these examinations are fast dying out, and the better classes of society are quite as ready to grant as the physician to propose them.

In many cases you may not only satisfy yourself as to the real cause of death, but what is often of greater consequence, you may satisfy the surviving friends, and often retain by this means the confidence of a family which you would otherwise lose.

The recorded results of post-mortem examinations have changed Medicine from a speculative into a comparatively exact science.—Most of your observations will be clouded by more or less uncertainty; but a post-mortem examination made by a good anatomist, reveals the consequences of disease, and corrects or verifies the diagnosis, leaving as a result, an addition of facts to our stock of knowledge.

By these examinations, conducted in a proper manner, you have an advantage over quacks and imposters, who rarely, if ever, make them, being prevented as much by a well-grounded fear that they may reveal their impositions, as by their ignorance, which would render any developments of pathological anatomy unintelligible.

I would not be understood to deny that you may make your way by humbugging the public; for that falsehood and deception are the shortest roads to notoriety, is shown us every day. But who of you has no higher aspirations than to gain the noisy applause of the unthinking portion of community, or will be content with a false reputation, which must be continually glossed over by new falsehoods?

A reputation founded on true merit will be of slow growth, and when once acquired will stand the test of time; while the fame or notoriety which has not truth for its basis is but a transient affair, which leaves its possessor in a worse condition than before.

In order to discharge your duties as *true* physicians, it is necessary that you be prepared for, and qualified to treat, every disease or accident to which the human frame is liable. It is useless to try to shun difficult or dangerous diseases or to refuse to treat surgical cases which require courage and a high degree of professional knowledge. It is the manner in which you treat these cases which will decide your standing with the public.

If you shrink from your proper responsibilities in time of difficulty and danger, the public will be perfectly just to conclude that you do so on account of your incompetence, and you will have no reason to complain if you are considered inferior to your neighbor, who has the moral courage to stand true to his responsibilities in the hour of trial. Many men have pusillanimously yielded to their inferiors for want of the moral courage to be true to themselves.

Let me not be understood as urging you to *crowd* yourselves into places of responsibility. If you study to keep in your *true* position, you will never crowd yourselves at all, but will wait for the natural course of events to bring up opportunities for action.

These opportunities will not fail to appear; soon enough if you are truly prepared for them, and quite too soon and too often if you allow yourselves to change a true for a false position. By a false position, I mean any condition in which you may beplaced by a failure to stand up to the rigid standard of right which I have mentioned.

Not only will this test of truth guide you in shaping your course of conduct as men and as physicians, but it is the test by which to try all remedies and modes of treatment.

The whole difference between the inductive philosophy of the present day and the wild speculations of the past is that now we judge professed facts and theories by this test, and are taught to disregard whatever is found deficient when thus judged. So should you judge every new theory of practice or mode of medication.

From this general view of the necessity of making truth your guide, let us pass to consider its relation to the popular medical heresies of the day. Of these, most prominent, because most successful, is Homœopathy.

The recognition of a few well-established truths will show us why this imposition has flourished; and it seems impossible that any person of ordinary intellectual capacities, can be misled by its pretensions, after being shown their utter falsehood.

The experience of every practitioner of medicine goes to show that a very large proportion of all cases of sickness eventually recover. That the per centage of fatal cases is small, whether well treated, ill treated, or not treated at all. This being the case, it is not to be expected that the public can very well determine under which mode of treatment the per centage is greatest, and it is perfectly natural that very slight circumstances should influence the current of popular favor.

To most people, disease is an identity which hinders the operations of the human machine, just as a little dirt will hinder the motion of a time-piece, and is to cast out by the doctor's drugs, just as the tinker removes dust from the wheels of a watch. They know nothing of the laws which govern the economy, of the processes of reasoning by which the true physician comes to his conclusions as to the violations of those laws, or the processes to be gone through to bring the sick body to a state of health. They only know that they are sick; nature instinctively demands aid to recover, and as instinctively looks for that aid to those who profess to be able to render it. It is consequently the most natural thing in the world for sick people to call to their aid those who make the loudest professions of ability, and who make the least calls on them for the exercise of that trying virtue, self-denial.

This being the case, it is not at all strange that a system of practice bearing externally so pleasant an aspect as Homœopathy, should become excessively popular, and remain so in spite of its many and glaring faults and vices.

There is a class of people who have cultivated their sensibilities at the expense of their intellects; by whom plain common sense is voted flat, stale and unprofitable. They are called the fashionable world. Truth is to them an obsolete idea. The real facts which have stood the test of time, are disregarded, and he who would weigh the truth against the dictates of fashion is declared old fogyish and vulgar.

Fashion delights in romantic and mysterious assumptions; and to fashionable people there is something irresistably attractive in becoming disciples of a mystery which neither they or others can understand. Fashion has decided that her votaries must not be cured by the unpalatable drugs of the apothecary, but by the genteel potentizations of a transcendental mystification.

To fashionable people there is something sufficiently romantic and attractive in this mystical philosophy, and the idea of being cured by pellets of sugar, to overcome the cautiousness which should restrain people of common sense from trying unwarrantable experiments; and if a few lose their lives, it is considered sweet and becoming to die a sacrifice at the shrine of their divinity.

That the advent and reign of this humbug is to be of value to medical science and to the human race, I firmly believe; but it is in the same way as wars and revolutions benefit the human race, by developing great truths at the expense of immense individual suffering and the loss of vast numbers of human lives.

I feel to judge it righteously, giving it credit for all its good, but holding it strictly to account for its short-comings, especially its falsehood, hypocrisy, and the want of moral honesty which it induces in its disciples.

In the first place, it was the dreamy chimera of a disordered brain; was originally a lie, and has gradually drawn to its association those vices which go hand in hand with falsehood the world over. Its practitioners have no claim to be considered honest. How glaring the falsehood of the whole farce! They send their students here to learn a pathology which they affect to despise — a system of therapeutics which they profess to ignore.

They profess to be governed by certain hypothetical principles, but which every man who watches their practice finds they abandon at the first approach of danger. Cases in *proof* of this are abundant.

The most audacious of their impositions upon popular credulity is the excuse they make, or reason they give, for using the most active drugs in enormous doses;— that it matters not in how large doses medicines are given, if administered homœopathically; or, in the language of the British Journal of Homœopathy:— "the whole question of doses is left open to the discretion of the physician, who may be as strictly a homœopathist as Hahnemann himself, though he should give his medicines in the ordinary form, simply if he select them according to their homœopathic fitness."

What this means is past an ordinary comprehension, unless it means that the patient must be cajoled by the mystifications of homœopathy while dosed by the well tried medicines of the scientific physician.

This brings us to the two classes of cases which recover under the care of self-styled homœopathic practitioners.

Firstly, the great mass of symptomatic and self-limited diseases which recover if well nursed, and kept on the spare diet which is so rigidly prescribed by these practitioners. These are the *real* cures of homœopathy.

Secondly, those cases which fall into the hands of self-styled homœopaths, who know enough of medicine to enable them to treat and cure by active remedies really dangerous diseases. There are multitudes of such homœopathic practitioners. Possibly some of you are intending to pursue a like course. To any such I would say, stop and consider if you are willing to acquire wealth by a life of deception and falsehood; if you can coolly make up your minds to take the position of deliberate practical deceivers for the rest of your lives. If so, you are just the men for homœopathic practitioners.

But we have gained much from this humbug called homœopathy.

We have learned that the tendency of most cases of sickness, if left uninfluenced by medical treatment, is towards recovery; that the recuperative powers of the human system are much greater than was formerly supposed; that the per centage of deaths in all the ordinary cases of sickness, if treated by rest and abstinence alone, would be very trivial; that in most cases we owe more to the recuperative powers than to drugs, and that true practice is to aid these powers, rather than to attempt to cure by drugs alone. We have learned that minute sub-division increase the efficiency and practical value of drugs. It will be well to push our investigations in this direction and learn the true value of trituration, however much we may despise the insipid twaddle about attenuations and potentizations.

It will not pay at this time to follow up and try by the test of truth all the phases of quackery, but it will be profitable for you to do so at your leisure. We will however trace from its birth to its present condition the root and herb system which has had a long succession of names from that of Thomsonian, derived from its originator, to the arrogantly assumed title of Eclectic.

Samuel Thomson started with the crude proposition that "heat is life, and cold is death." On this and a few collateral propositions he based a system of practice, the indications of treatment in which, consisted mainly of the use of the vapor bath, capsicum and lobelia. Its apparent simplicity and adaptation to the comprehension of the most ignorant, caused it to be vastly popular, especially among the lowest and most prejudiced classes of society.

This difference in the adaptation of this system and homœopathy to the two extremes of community, has been happily described by the lamented Bartlett, who called the one the philosophy of the drawing room, the other that of the barn-yard,

The outrageous abuses of this system soon caused it to sink into disrepute and its practitioners either returned to their former menial employments or appeared as botanics, professing to use only vegetable remedies. Latterly they call themselves Eclectics, claiming to have especial faculties for selecting remedies and practicing on safe principles. The whole of this system owes whatever of temporary success it has met with, to its false promises and impositions upon the public.

Who can be better entitled to the term Eclectic than the true physician, who selects his remedies from any and every source ; having no prejudice but against the false — no preference but for the truth ?

There are other false theories which make captive silly women and more foolish men, and which will trouble you in your future career, but their antagonism to truth is so apparent that there is no danger of any permanent mischief therefrom.

It is your duty as well as for your interest to enlighten those with whom you come in contact, as to matters which concern their health and its preservation. This is to be done only by candidly bringing to their view the facts in regard to which there is no question. Convince them that Medicine rests on a basis of truth, and that all the systems of quackery contain at best but little truth to an immense bulk of falsehood.

The fact that most diseases are self-limiited and will recover if carefully nursed and left unembarassed by drugs, is in itselt sufficient to prove that the boasted cures by the globules of homœopathy and the lobelia and capsicum of Samuel Thomson are really so many evidences of the recuperative energies of the human system and its endurance when abused.

Allow me to mention a few results to which it is hoped the truth will lead you.

It will lead you to avoid excessive medication. The lancet and the list of heroic remedies are much less frequently resorted to now than twenty years ago; not because our opinions of their powers have changed, but because we have learned that they are not often needed ; that in most cases rest, abstinence, and a careful attention to the condition of the several secretory functions of the body, are all that is needed to restore the sick to health. To know when these mild measures are sufficient, and *when* and *how* to apply more active and violent remedies is the province of the true physician.

When the safety of your patient demands active treatment, the truth will lead you to put your trust in those remedies which have proved worthy. When the life of a fellow being hangs upon your decision, it is no time to tamper with crude speculations or specious analogical deductions. You know what you can do with the lancet, the warm bath, opium, calomel, antimony, ipecac, quinine, and brandy, and while in these you have what you need in a case, why should you go prospecting over the whole domain of creation, in search of something new? Are there better narcotics than opium? Time, with the permission of Divine Providence, will make them known. Are there better remedies than those in which we have confidence? The Almighty Ruler of the Universe will make them known in his own good time and way, but wickedly false is he who rashly experiments upon suffering humanity, and perils the lives of his patients to prove his conjectures or to hunt out new remedies.

But be not too conservative; seek for the truth wherever found, and in however bad company it may be detected. The virtues of lobelia are none the less because they were developed by the foolhardy practices of Samuel Thompson. No true man will be deterred from making free use of water because a class of imposters profess to cure all diseases by its exclusive use. Nor, however much we may lament the numerous lives sacrificed by imposters, should we neglect to possess ourselves of every truth developed by the imposition. There have been knaves and dupes in all ages, and it is our duty to learn from their dishonesty and foolishness how to be serviceable to those who are better and wiser.

The truth will lead you to exert its mighty power upon the mental and moral as well as physical welfare of your patients. Not to make an hypocritical manifestation of a religious interest that you do not feel; but feeling and acting upon the power of truth, infuse its spirit into your patients.

Finally, the truth will determine your standing professionally and as men among men. However low in the scale of humanity may be those with whom your professional duties may bring you in contact, it will be at a time when they need and demand the truth, and they will accept or reject your ministrations just as they think you true or false.

If the bad demand truth in a physician, how much more do the good? How can you expect those who cannot tolerate falsehood when well, to endure it when ill; and who can mask himself so closely as to escape the scrutiny of the sharpened faculties of the sick?

Gentlemen: — many of you I have here met for the first time; allow me to beg of you so to conduct yourselves as true men and true physicians, that we may finally again meet where truth is unmolested by falsehood, and where only those who have maintained its power can gain admission.

PRACTICAL SUGGESTIONS.

BY J. ADAMS ALLEN, A. M., M. D.

Alcohol, Delirium Tremens, &c.—Much interest has been excited of late, by disclosures which have been made with reference to adulteration of the various preparations of alcohol. An array of drugs of formidable potency has been drawn up before our startled vision, fearful in nomenclature as the labels upon the beautiful little bottles of sugar plums wherewithal our Homœopathic cousins have wrought wondrous works, never equalled since the days of the renowned De La Mancha.

All this is very well, provided the public mind is thereby influenced to discountenanee and discontince the use of the *vehicle* of these poisonous dilutions. One thing has been gained, at least—the tippling public are now willing to admit that all the dire evils, portrayed so eloquently by advocates of tee-totalism, do result from imbibing adulterated brandy, rum, whiskey *et id genus omne*; but will not allow that they result from *pure* liquors. All are ready to sing

Nunc est libendum !

over "warranted-free-from-adulteration" alcholic potations.—Whether it is worth while to risk the loss of this advance, by insisting, as we believe, that the real poison is the alcohol itself, and not merely the infinitesimal dilution of poisonous flavoring ingredient,—moral casuists may determine. In a scientific point of view, I beg leave to recall the minds of the profession to the common sense dictum, that the effect of all the various alcoholic liquors is due to the alcohol, and in very insignificant proportion, if at all, to the alleged poisonous adulterations.

Of all the analyses which have been made. I have seen none which show the presence of foreign noxious matters, in such an amount as to bear comparison, for a moment, with the active effect of the alcohol. Take, for instance, strychnia, which, perhaps, has made the most noise in connection, especially with "Old Bourbon." A manufacturer informs me that this drug is put into the yeast "to strengthen it"—in other words, to favor the more full conversion of the saccharine matter of the grain to alcohol. It is not strange that the slops, containing this yeast, should kill the hogs and cattle which are fed upon them, or kill the fishes in the rivers into which they are emptied. But, assuredly, chemical analysis will show that scarcely a vestige of the drug passes through the deadly "worm of the still."

Strychnia and arsenious acid, fusel oil and prussic acid, kreosote and oil of vitrol, sound most diabolical as connected with "fire-water;" but it is well to recollect that these are the merest shadows in the drink. The great dragon, whose poisonous breath blasts the physical and mental constitution of the unfortunate inebriate, is the ALCOHOL.

The physiological and pathological actions of this substance are, fortunately, well known to the profession, and need not here be rehearsed. That it belongs to the class of nutrient substances, is clear enough, netwithstanding noisy declamation to the contrary. Physiologically, it is calorifacient, and, futhermore, convertible to the fatty matter of adipose and nervous tissue.

Taken into the system, under certain circumstances, it will favor the enriching of the blood with red corpuscles, as heretofore explained when speaking of the uses of fat. Thus, it both becomes invigorating and promotes a healthy corpulence. Under other conditions, however, the opposite effect will be produced—emaciation of adipose and nervous tissues will ensue, and

"The life of all the blood be touched corruptibly."

In one case it proves sanative—in the other, poisonous.

Popular notions of the radical difference between poisons, medicines and nutrients, have had too much influence on the professional mind. An untimely beefsteak may cause an untimely death—a laudable dose of arsenic may prove decidedly wholesome. Whilst admitting the occasional nutritive and even salutiferous qualities of alcoholic compounds, it is exceedingly important to bear in mind their ready noxious powers.

The original name, "fire-water," is exceedingly well chosen and instructive. For, as the system of man requires a certain amount of heat for its healthy action and continuance, so does the actual cautery at once "reduce it to first principles." And thus, while the elements of alcohol may prove useful under appropriate circumstances, it should no more be used in the summer-time of health, than should elemental fire. Careful observation upon this point inclines me to the opinion that when the alcoholic beverage manifests a cerebral stimulant impression, in the slightest possible degree, its nutrient and salutiferous effects have been passed, and it must be ranked among medicines or poisons. Every medical practitioner must have noticed that, in small doses, it is easily digested, but that the blood is speedily surcharged, and all subsequent excitation results in depression. Largely diluted, or thoroughly commingled with the food, considerable quantities may be administered with no appreciable local or general, nervous or cerebral disturbance. In concentrated form, it speedily generates each of these.

The practical inference is, that, when, from therapeutic considerations, it is deemed necessary to administer this most potent drug, it should be given in small doses, either largely diluted, or thoroughly mixed with food. Moreover, the dose should ever be fixed just below the point of cerebral excitation.

The direct tendency of alcohol is to produce inflammation of the organs to which it is applied—prominently the stomach and liver. Ordinarily, from the mode of use, this assumes the chronic form, and the secondary effect is impaired nutrition—involving, as we might expect, particularly the blood, adipose and nervous tissues.

Delirium Tremens is the *typical result.* Nothing is more fallacious than the claim that this disease is the result of withdrawing a habitual stimulus—for the majority, thus affected, come under our notice with breaths reeking with the fumes of alcohol, It more clearly resembles the delirium of inanition, than that from any other cause. The sensation of hunger appears to be mainly due to the required sustenance of animal heat. Alcoholic drinks control this sensation to a great extent. The primary stimulating impression, it is true, often augments the desire for food, but the secondary effect is to lessen it. Or, again, the beverage begets local disease and prevents digestion. Thus, in each of these ways, actual starvation of the organs is involved. The mode in which the stimulant is taken determines very accurately the resulting effect. Taken in a very dilute form, as in ale, beer and light wines, or commingled with the elements of food, it will never beget delirium tremens.

The true Yankee and the mercurial Irishman are more subject to the disease, by far, than the Englishman or Continental European. It is a national characteristic of John Bull to grow mellow *after* filling his stomach with "the roast beef of old England." Beer and wine fill up the measure of continental felicity; but the Yankee, almost invariably, pours down his undiluted Cognac or Bourbon in hasty gulps, to pacify the demands of an appetite he has not time to satisfy; and the Irishman drowns his recollections of the far-away Green Isle, and his present absence of culinary comforts, with repeated draughts of domestic "mountain dew."

The practical inference is simply this: that, even though we may not dissuade our unfortunate patient from his cups, we may so regulate even his excesses, that he will be little liable to this, his great horror. Tell him to cultivate the acquaintance of the cook *before* that of the bar-tender. Dilute (and here infintesimally, all the better) the stimulant, so that lesion and disorder will not occur.

If the appetite fails, then is the time to see the physician, who must anticipate the paroxysm as he would an ague. The rules of treatment are simply those of dyspepsia, or of acute or chronic disease of the digestive organs.

Mercurial and other alteratives, counter-irritants, and even venesection, may be required. Mark, that the great point is to restore digestion and appetite—and, in nine cases out of ten, eliminating agents are the thing. Calomel, blue mass and aloes, among the cathartics, and acetat. potassæ among the diuretics, are, perhaps, the best. Then follow with simple tonics, like cold infusion of cort. prun. Virgin. or quassia and camomile—or, perhaps, the old mixture of augustura and sem. juniperi, mineral tonics, iodide of iron, bismuth, &c., of course may be useful at times. Above all, don't think, when the patient is about again after a paroxysm, that he is well, any more than he would be in the intermission of ague.

The treatment of the paroxysm, of course, must vary according to both commemorative and present symptoms. Sleep is indicated, but as a sign of remission, not as an evidence of cure. A sufficient degree of elimination and nutrition must be secured. Depuration may take place without assistance, and so may nutrition of the nervous apparatus, as every physiologist can explain. It is all-important to discriminate when and how to interfere.

The threatened paroxysm may often be avoided by the use of simple anti-irritants and laxatives. Thus the nervous excitement will frequently succumb to a simple pill like this: ℞. Ext. hyoscy. (opt.) gm. assafœt. aa gr. ij.; sapon. venet., gr. j. M. Repeated every hour or two p. r. n., and then fifteen grains of blue mass at bedtime, followed by the senna draught in the morning. Or the quieting agent may be of a more stimulating character, as liq. anod. Hoffm., morph. acet. and mist. camph.; or, again, a mixture of laudanum, comp. spts. æther, tinct. assafœt. and c. spts. lavender; or tinct. camph.; or of chloric ether in comp. tinct. of cardamoms.—But none of these things should be relied upon, except for sustaining the system until depuration takes place. When the grave paroxysm has already come on, it may often be relieved speedily by a full dose of calomel and Dover's powder—say gr. xij of the latter to gr. xv. of the former. This is all the stomach will ordinarily bear. Larger doses of opium are rarely well borne, and other preparations of this drug scarcely have so pleasant an influence. Emetics, in the writer's experience, are too apt to get up an irritable stomach, a complication more to be dreaded than any other The profound sedative influence of tart. antim. and similar agents, if it can be secured without emesis, however, favors much the absorption of alterative medicines and the functional action of the excretives.—When this latter fails, as is manifested by the dry tongue and skin, by the cessation of healthy discharge from ulcers, if present, or the dry and angry appearance of accidental abrasions, the prognosis is exceedingly grave. Secretion must be re-established, or the patient will die. Neither alcohol nor opium will do it, homœopathy will fail, and assimilative " expectancy likewise. Support is imperative, and calomel a duty. Concentrated beef tea inside, and an epispastic outside the stomach, are good remedies. The constant inclination to vomit will not unfrequently be relieved by minute doses of prussic acid in syrup morph. acet.. or syr. creosote and morphine. Neither here nor elsewhere, has the writer any confidence in the effervescing draught for this purpose.

Some cases will occur in which nothing will control the difficulty but raw spirit in large doses. And this is the only instance where this is good practice. Forcing sleep by it, is simply analogous to " breaking up " puemonia with a red pepper or brandy sweat. You may do it, but if not, *cavete!* Opium—ditto; chloroform—ditto; *alii*—ditto. It is a trite medical truth, that many diseases are critically resolved in sleep, and this is the case here very frequently. But *the paroxysm will return more speedily and be more dificult of control* unless sleep has been solicited, not compelled.

The homely Scotch Æsculapius remarked, "There are twa things, Sir Astley, to be aver kepit in min'; to keep faith in Gode, for hereafter, and to keep the booels open, which'll do for here." But after all, something more is necessary. The delirium may be prolonged from actual inanition. Starvation is to be guarded against, as well as proper medication provided for. Practitioners complain of difficulty in inducing patients to take nutriment, but the writer is inclined to believe this less difficult than ordinarily supposed. The patient can be readily persuaded by a good nurse, or physician of moderate shrewdness. Fall in with the current of his ideas and have tact enough to direct them. Take medicine with him, drink with him, eat with him, and pretend to sleep with him. This may fail for some time, but by proper tactics will before long succeed. The writer has scarcely ever failed in this management. Oyster soup, rich animal jellies and broths, and essence of beef, are preferable. Or egg-nogg, or wine sangaree. *Feed the patient with something nutritious, and keep up secretion*—the whole in a nutshell. And when he sleeps, don't let him sleep finally. The pulse is to be watched and the strength supported by nutriment, dilute spirits, wines, &c. Prevent any recurring paroxysm by the regimen and treatment heretofore spoken of.

Once more, I wish to recall the attention of the profession to the dictum, that all the therapeutic uses of alcohol, which are desirable, may be obtained without any sensible cerebro-stimulant influence—that direful influence which deranges the whole mechanism of mental and physical action; which reduces the will to a mere servitor of the automatic nervous apparatus. The apologist for these beverages, always seeks the exhilarant influence—delirium tremens grown enchanting by the distance, which, alas, is too surely traversed by many.

The trembling fingers and aching head of the morning, after an evening excess are but the initiatory scenes of the *typical* result of persistent indulgence in ardent spirits "warranted-free-from-all-adulteration!" Truly, we may say of such liquor:

Non est vitiosum, sed vitium!

Kalamazoo, October, 1857. *Med. Independent*

CANCER CURES AND CANCER CURERS.

Mr. Spencer Wells publishes in the Medical Times and Gazette, a lecture on cancer cures and cancer curers. The article is of great length, and is well worthy of perusal; being full of interesting facts relating to the history of this form of empiricism. We make a few quotations:

" This notion of the *roots* of cancers leads me to say something about Plunket and Guy, cancer-curers of the past century, who adopted it—just as it has been adopted by two American physicians, Dr. Pattison and Dr. Fell, who have treated cancers by secret remedies in London for some years past. The notion is that, their applications not only destroy the tumor itself, but penetrate, by a sort of intelligent power, or elective affinity, in certain directions, corresponding exactly with these supposed roots of cancer—eating away or drawing out those roots, without affecting the sound flesh into which they are engrafted. On removing such tumors they show filaments of hardened cellular tissue, or portions of subjacent muscle, keeping up the connexion; and on the tumors they preserve in bottles, they show similar prolongations, or shreds, hanging into the spirit in which the tumors are preserved. These are, in all probability, merely portions of the surrounding tissues which have been destroyed by the action of the caustic. Possibly these supposed roots may have given rise to the term "cancer."—the crab holding firmly with its claws the prey it had grasped. However this may be, you can see at once how likely such reasoning is to effect the imagination of patients.

" Plunket practiced as a cancer-curer in London, in the early part of last century. He is said to have known little or nothing of surgery in general, and to have practiced from the traditionary directions of his namesake, formerly an empiric in Ireland, who left the receipt for his medicine, with directions for its use, to Steven's Hospital. Guy, who was a member of the 'Corporation of Surgeons,' purchased the secret of Plunket about 1754, and in his account of the medicine says, it has been known by the name of 'Plunket's Poultice,' and had been used by Plunket and his ancestors for more than a century. A controversy took place between Guy and Gataker, and in the *Lloyd's Evening Post*, March 5th, 1760, old Plunket gives his own receipt, as follows :—

"Crow's foot, which grows in low ground, one handful, well pounded.

"Dog fennel, three sprigs, well pounded.

"Crude brimstone, three middling thimbles-full.

"White arsenic, the same quantity. All incorporated well in a mortar, then made into small balls, the size of nutmegs and dried in the sun.

"Sir Charles Blicke, with whom Abernethy served his apprenticeship, used Plunket's caustic very much in the treatment of cancerous sores, and his pupils used to be employed in gathering ranunculous and dog fennel, and making them into paste.

"It is curious to remark how imitative even great discovers may be. The escharotic effects of arsenic had been known to the Greek and Roman physicians—they had not been forgotten in the Middle Ages. The mineral had been used for centuries in the removal of cancerous diseases. Plunket adds some crow's-foot and dog-fennel to it, and becomes a great cancer-curer in London. The Chloride of zinc is proved to be an excellent caustic by Hancke, Canquoin, Alexander Ure, and others. They even use it to remove malignant growths. Dr. Fell adds some *Sanguinaria canadensis* to it, and four gentlemen of the very highest character and professional position, expressing no disapproval of a secret remedy, and without trial of the unaided powers of the vegetable, publish a certificate of Dr. Fells 'mode of treatment,' complimenting it as 'ingenious, safe, and easy of application.'

"It was Guy's caustic or rather Plunket's paste, that killed Lord Bollingbroke, and many others were poisoned by the local use of arsenic; yet this did not prevent Lord Arundel from buying the receipe from the wife of a blacksmith, so ignorant that she could not sign her name, but a noted cancer-curer, named Elizabeth Fellow. This was long known as Arundel's cancer cure. It was an arsenical powder, and a wash of corrosive sublimate, and no doubt killed a great number of poor women. However, like Plunket's paste, a great many cancerous and other tumors were entirely removed by it; and Mr. Justamond, who was Surgeon to the Westminister Hospital some seventy or eighty years ago, tried them both very extensively, arriving at the conclusion that the advantage gained did not compensate for the risk incurred. It is curious to find how Mr. Justamond anticipated much that has been going on in London during the last three or four years by cancer-curers, and it may be worth while to read you rather a long extract from a pamphlet he published in 1780, giving an account of his experiments.

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"Landolfi, a Neapolitan physician, may be looked upon as the prince of cancer-curers. He has been decorated with Orders of Knighthood by Sovereign Princes, has been alternately flattered and abused, and has made an immense fortune. He made no secret of his plan. 'Landolfi's paste,' as his caustic was called, was composed of equal parts of the chlorides of zinc, bromine, gold, and antimony, made into a paste with flour or liquorice powder. Sometimes he used the chloride of bromine alone, using it both externally and internally; and when the slough had been formed, he used lettuce poultices till it separated. There can be no doubt that Landolfi removed an immense number of cancerous tumors by his paste in Italy, Germany, and France, and that healthy granulations sprung up, and firm cicatrices very often resulted. He used to assert that out of four thousand cases of cancer he had treated, the disease had not recurred in three thousand. This is what he *said*. He never offered anything like *proof* of the truth of this statement, and when his caustic was tried in the hospitals of Vienna and Paris, the conclusions arrived at, were that it was decidedly inferior to the chloride of zinc. Landolfi went himself to Paris, and a number of patients were treated by him in the Salpetriere, under the inspection of a committee of hospital surgeons. Their report was published. and my colleague, Dr. Deville, has just favored me with a copy. The conclusions are, that the chloride of bromine, which is the only peculiarity in Landolfi's treatment, is quite useless as an internal remedy, and that locally it only acts as a blister, raising the epidermis and exposing the denuded part to the action of the chlorides of zinc and antimony; acting, you observe, just as the ranunculus did in Plunket's paste, the nitrate of silver as used by Justamond, or like any common blister. The committee reported that the pain produced by this caustic was excessive, and that it did not secure the patients from the danger of erysipelas or hemorrhage. Landolfi does not appear to have been more successful in Germany and France."

* * * * * * "Dr. Pattison, as you may be aware, some three, four or five years ago, occupied much the same position in London that Dr. Fell does now. Both are physicians with American diplomas, who have professed to cure cancer by secret remedies, who have treated a great many patients, and have published accounts of their treatment. The difference between them is, that Dr. Fell has at length made known the composition of the remedy he employs, while Dr. Pattison has not; although it is pretty generally believed, and not without ground, that the essential part of his preparations was the dried sulphate of zinc, which Dr. Simpson showed in the *Medical Times and Gazette* a few months ago, was a most useful caustic."

After some remarks on the comparative utility of caustics and the knife, and showing that an absolute cure cannot be expected from either, he asks, "what are we to do?"

"In attempting to reply to this, let me give you the rule at which I believe our best and most experienced surgeons have arrived as to the use of the knife. It is, not to use it in the early stages of cancer—not to use it unless the cancer is actually ulcerated, or growing so fast that the skin is about to give way. In such cases, especially where an open cancer gives great pain, and is wearing away the patient by bleeding or profuse fœtid discharge, the knife is used in the hope of relieving suffering, and prolonging, not saving life. In some other cases, where a cancer causes great mental anxiety to the patient, you may remove it at her earnest entreaty, after explaining fairly the danger of relapse. I should speak here of the knife and caustics in the same terms, as in many cases it will not much signify which you select. In some cases, where the situation of the growth is such that the knife cannot be used safely, caustics are decidedly preferable. In others again, where time is a great object, you would choose the knife. It is sometimes a good rule to leave the choice to the patient, representing fairly the advantages and disadvantages of the two methods. If you decide upon using caustic, I think all the evidence before us goes to prove the chloride of zinc to be the most effectual and safest yet employed; that it is a matter of great indifference whether it is employed as a paste or in solution; but the action is considerably hastened by scoring through the slough, as Justamond did, down to the living tissues beneath, so that they are not protected by the slough from the action of the caustic. The scoring is not so necessary when the chloride is used in solution as when it is used as paste, after destroying the skin by nitric acid; and it is not at all necessary, if you use a pair of galvanic plates as your caustic. If you place a piece of zinc on any raw surface and a piece of silver near it, connecting the two by a silver wire, the part covered by the zinc is destroyed very rapidly, and the slough formed is a very soft one, which is easily sponged away. I saw a case of cancer of the breast in a lady in 1854, with Dr. Lawrence of Connaught square, in which we decided, on consultation, to adopt this method, and Dr. Lawrence carried it out most effectually. I should not be at all surprised to hear that the next great empiric who appears in London will profess to cure cancer by galvanism.

"Looking, therefore, upon both the knife and caustics only as the means of removing cancerous growth under certain exceptional conditions, what are we to do in the early non-ulcerated stages of cancer? This opens a very wide subject, which it is quite impossible to treat in a single lecture; but I must point out to you that we can do a great deal more towards arresting, even curing cancer, than is generally believed—that our art is not nearly so powerless as charlatans assert. Growths, with all the character of cancer, have occasionally disappeared under the influenee of remedies; others have remained completely dormant for many years, without affecting the health or shortening the life of the individual; and it is absurd to say that the disease was not cancerous in such cases, because the patient recovered or lived to old age unaffected by the local condition."

The treatment which Mr. Wells chiefly recommends in this early stage is the bromide of potassium with cod-liver oil. Ordinary hygienic measures are useful: alkalies to relieve digestive disarrangements, opiates, &c.; friction or palpitation are useless, if not injurious, but Dr. Arnott's freezing process is beneficial.—*Medical Circular.*

NEW-HAMPSHIRE JOURNAL OF MEDICINE.

MANCHESTER, DECEMBER, 1857.

PERSONAL.—We have the pleasure of announcing that the Journal will be continued in its present form, and under the control of the present editor.

It will be published by Messrs. Fisk & Stearns, who will make improvements in its personal appearance. As the editor will be relieved of the care of its business affairs, he will have more time to devote to the editorial department, which has been neglected for the past year.

We may now be allowed to hope that all who owe us will remit the amount, and while they are about it, send us a dollar for the year 1858.

We feel that we can safely promise a better volume than heretofore.

Those of our correspondents and collaborators who have furnished us articles for publication have our thanks. We hope they will continue their labors and that those who owe us unredeemed promises will remember that it is not yet too late to remedy this delinquency.

Arrearages should be sent to the Editor. Payments in advance may be sent to the Editor or Publishers.

MEDICAL EXAMINATION AT DARTMOUTH COLLEGE.—It was our privilege to attend the annual examination of the candidates for graduation in our State Medical School on the 9th and 10th of November.

Eleven young gentlemen were admitted to the degree of M. D., after an examination every way creditable to themselves and the Institution.

We were pleased with the manifestations of a thorough training evinced by the candidates as well as by the impartial course pursued by the Faculty in the examination.

The following are the names of the graduates:

R. FOSTER ANDREWS, New Salem, Mass.
CONSTANTINE C. BADGER, Gilmanton, N. H.
GEORGE H. BIXBY, Surinam, S. A.
GEO. F. BRICKETT, Fisherville, N. H.
ARTEMAS H. CARR, Sanbornton, N. H.
ISAAC CUMMINGS, Westminster, Mass.
WILLIAM B. ELLIS, Newark, N. J.
JAMES EMERSON, E. Barnstead, N. H.
FRANK HALEY, Wolfboro', N. H.
ASA F. PATTEE, Warner, N. H.
JOSEPH B. RAND, Dover, N. H.

We may be allowed to again express, in this connexion, what we have before stated, that there is probably no place in this country where the first two years of Medical pupillage can be more profitably spent than at Hanover. The private courses of Prof. Peaslee and Dr. Crosby, and the Library, Museum, Cabinets, and Apparatus of the College, added to its retired situation, render it peculiarly fitted for a profitable study of Medical Science.

EVE'S SURGICAL CASES.—One of the most remarkable books of the age is the "*Collection of Remarkable cases in Surgery by* PAUL F. EVE, M. D., *Professor of Surgery in the Medical Department of the University of Nashville.*" An Octavo volume of 857 pages.

Dr. Eve has by unexampled industry and perseverance, collected from all sources and from all quarters of the globe, this invaluable collection of cases. It is arranged according to the several regions of the body, beginning at the head; followed by a long collection of miscellaneous cases, and a copious index occupying 34 pages. Its perusal cannot fail to improve an educated physician, and it is of especial value to all who treat surgical cases.

Many of the miscellaneous cases are not at all surgical, but are collected on account of their unusual character.

TRANSACTIONS OF THE NEW HAMPSHIRE MEDICAL SOCIETY.—*At its sixty-seventh Anniversary held at Concord on the 2nd and 3d of June, A. D.* 1857.

From a small beginning our transactions are already becoming of respectable bulk. The first issue of printed transactions in 1854, consisted of 56 pages,—the copy before us of 104.

Besides the journal of proceedings, we find the annual address by the President, FRANCIS P. FITCH, M. D.,—Report on Surgery,—An Essay on Nursing Sore Mouth, by T. J. W. PRAY, M. D.,—Report on Practical Medicine, by W. W. BROWN M. D.,—An Oration on the Contributions of Quackery to true Medical Science, by THOS. H. MARSHALL, M. D.,—Report of LEVI G. HILL, M. D., corresponding Secretary,—Miscellaneous observations in Obstetrics and diseases of Women, by WM. H. THAYER, M. D.,—Report of the Delegates who attended the Examination of the Medical Class at Dartmouth College,—and the Memorial to the Legislature for an amendment of the law providing for the Registration of Births, Marriages and Deaths.

The Address of Dr. FITCH brings to the notice of the Society and the public in an able manner the "Want of Sanitary Knowledge," and the duty of the profession to remedy that want. The Monograph of DR. PRAY is a valuable addition to the literature of this troublesome and dangerous disease. DR. BROWN's report is chiefly noticeable for the activity of treatment which he recommends and his censures of those physicians who are disposed to rely upon milder remedies. The following notice of his report, we copy from the Buffalo Journal:

> "The report of Dr. Brown on practical medicine is very brief, and strikes us as being a little behind the age. The furious attacks which he deems it necessary to make upon a patient laboring under pneumonia or pleuritis diseases which, in theiruncomplicated form, it is now established, are rarely fatal, is rather uncalled for, as his complaint is more his misfortune than his fault."

Dr. Marshall's Oration very candidly and justly gives due credit to the various imposters who have flourished in medicine for the hints we have derived from watching their course and the effect of their remedies.

Dr. Hill's report is excellent, and if all the corresponding secretaries would discharge their duties as well as Dr. H., it would materially enhance the value of our transactions.

Dr. Thayer has presented a valuable collection of facts in relation to female diseases.

Researches on Epilepsy: by E. Brown Sequard, M. D., &c.—A Pamphlet of 82 pages reprinted from the Boston Medical and Surgical Journal, contains the results of a "series of experimental and clinical researches applied to Physiology and Pathology," by this eminent Physiologist. It is worthy the careful study of Students and physicians.

The British and Foreign Medico-Chirurgical Review is published by S. S. & W. Wood, of New York, at $3 a year, post-paid to all who pay in advance. No man can in any other way procure so much valuable information for the same money, as by taking this work. It contains Reviews and communications from the best minds in England.

THE TENTH VOLUME OF THE TRANSACTIONS OF THE AMERICAN MEDICAL ASSOCIATICN has been received. We can this month only give its contents and remind our readers that they can procure it by forwarding $3 to the Treasurer of the Association, Dr. Casper Wistar, of Philadelphia.

The volume before us is beautifully printed and well bound. It contains the "Minutes of the tenth Annual Meeting of the Association,"—"Report of the Committee of Publication,"—"Report of the Treasurer,"—"Address of ZINA PITCHER, President of the Association,"—'Report on the Medical Topography, and Epidemics of Maryland," By E. G. Watson, M. D.,—"Report on Infant Mortality in large cities; the Sources of its Increase, and means for its Diminution," by D. MEREDITH REESE, M. D., L. L. D. &c.—"Report on the Medico-Legal Duties of Coroners," by A. J. SEMMES, M. D.,—"Report on the Topography and Epidemic diseases of the State of Georgia," by J. F. POSEY, M. D.,—"Report on the use of Cinchonia in Malarious diseases, By F. Hinkle, M. D.,—Report on the blending and conversion of Types of Fever, by C. G. PEASE, M. D.,—Report on a new principle of Diagnosis, in Dislocations of the Shoulder joints, by L. A. Dugas, M. D.,—Report on the Fauna and Medical Topography of Washington Territory, by GEORGE SUCKLEY, M. D.,—Report on the Medical Flora of Washington Territory by J. G. COOPER, M. D.,—Report on Deformities after Fractures by FRANK H. HAMILTON, M. D.,—Partial report on the Nervous System in Febrile Diseases, by HENRY F. CAMPBELL, M. D.

PRIZE ESSAYS.—The Excito-Secretory System of Nerves, its Relations to Physiology and Pathology, by HENRY F. CAMPBELL, M. D.

Experimental Researches relative to the Nutritive value and Physiological effects of Albumen Starch and Gum, where singly and exclusively used as food, by WILLIAM A. HAMMOND, M. D., U. S. A. Plan of Organization, etc., etc.

THE SOLVENT POWERS OF GLYCERIN, *by John S. Blockey.*—Some time back, having occasion to experiment with the Disulphate of Quinine, I accidentally discovered that Glycerin, if gently heated, will dissolve more than 8 grs. per fluid drachm, or about one-twelfth of its weight of this salt; this fact will render glycerin, a valuable vehicle for the therapeutical administration of quinine, as I noticed in a communication to the "*Lancet*" a few weeks ago, I have since found that glycerin appears to possess properties that may, perhaps, give it a place among the usual dissolving substances; for instance, salicin, soluble in 22 parts by weight of cold water, and in 30 parts of 80 per cent. alcohol, will dissolve in 8 parts of cold glycerin; santonin, soluble in 250 parts of boiling water, and in 3 of the solution, however, becomes thick and almost solid, with only one grain of santonin in 36 of glycerin on cooling, and a saturated boiling solution of santonin in glycerin, when cold may be inverted without loss.

Strychnia is soluble in 80 parts of boiling glycerin, but very slightly in cold

From these experiments it appears that many substances are soluble in glycerin, in a very different ratio to their solubility in water, &c. Iodide of lead dissolves sufficiently in boiling glycerin, to cause the solution to become turbid on cooling, Aconitina is scarcely soluble at all in this medium. May not glycerin be found a solvent for many other comparatively insoluble substances, both in the inorganic and in the organic kingdom?

I invariably heat the glycerin to give it greater fluidity, and the quantity that may be thus dissolved, the solution remaining clear on cooling, I estimate as the quantity soluble in cold glycerin.—*London Chemist, September*, 1857.

COMPOUND SYRUP OF PHOSPHATES, OR CHEMICAL FOOD.—Several years ago, Dr. Samuel Jackson, of the University of Pennsylvania, introduced a prescription of the phosphates of iron, lime, soda and potassa, which was considerably prescribed at that time by himself and some other physicians, in solution by aid of an excess of phosphoric acid. The proportion of ingredients have varied, and the manner of making the solution—sometimes physphoric acid and sometimes muriatic and lactic acids being employed as the solvents. The favorable results from the use of the phosphates so combined gradually led to their being made into a comparatively permanent compound syrup, first by Durand & Tourtelot, and subsequently by H. C. Blair & Co., and others. The last named firm claim for their syrup the approval of Professor Jackson, and we had hoped to have been able to give to our readers the formula for its preparation;

but as they decline making it public, we have availed ourselves of the recipe of our friend Edward Parrish, who has communicated at our solicitation the following recipe. Whatever difference there may be between these formulæ, we believe it has reference almost entirely to the *modus operandi* and the unessential ingredients, and not to the proportion of phosphates in any important degree; and hence we feel confidence in publishing this recipe:

Chemical Food.

Take of	Protosulphate of Iron	ʒx.
	Phosphate of Soda	ʒxij.
	Phosphate of Lime	ʒxij.
	Phosphoric Acid, glacial	ʒxx.
	Carbonate of Soda	℈ij.
	Carbonate of Potassa	ʒi.
	Muriatic Acid Water of Ammonia	of each sufficient
	Powdered Cochineal	ʒij.
	water, sufficient to make	f ℥xx.
	Sugar	lb. iij. (Troy.)
	Oil of Orange	m. x.

Dissolve the sulphate of Iron in f.℥ij. of boiling water, and the phosphate of soda in f.℥iv. of boiling water. Mix the solutions, and wash the precipitated phosphate of iron till the washings are tasteless.

Dissolve the phosphate of lime in four fluid ounces of boiling water with sufficient muriatic acid to make a clear solution, precipitate it with water of ammonia, and wash the precipitate.

To the freshly precipitated phosphates as thus prepared, add the phosphoric acid previously dissolved in the water. when clear add the carbonates of soda and potassa, and afterwards sufficient muriatic acid to dissolve the precipitate.

Now add the cochineal mixed with the sugar, apply heat, and when the syrup is formed strain and flavor it.

Each teaspoonful contains about 1 grain of phosphate of iron and 2 1-2 grains of phosphate of lime, with smaller proportions of the alkaline phosphates, all in perfect solution.—*Journal of Pharmacy.*

INDEX TO VOLUME VII.

Abortion, Criminal,................208, 248
Abscess, Crosby on......101, 129, 161, 193, 257, 300, 319.......................
Abscess of the Breast, Prevention of, 327
Address, Dr. Hubbard's 351
" Dr. Mason's,................ 33
Age of Physicians,.............. 127
" the Horse,.. 189
Albumen in the Urine,................ 1
Alms House, Massachusetts State,.... 157
Americans abroad,.................. 154
American Servility,.................. 167
" Medical Association, ...181, 220
Ammonia, Valerianate of, in Neuralgia, 170
Anæmic Women, Dr. Hartwell on, 49, 53
Appendix Vermiformis, Fæces in, ... 289
Association, American Medical,....181, 220
Asylum for the Insane, N. H.,......189, 253
Barnes, Isaac O., on the National Hotel Disease, ... 238
Bibliographical, 19, 55, 90, 126, 154, 189, 318, 342, 373.........................
Blancard's Pills of Iodide of Iron, .. 59
Blood, Circulation of the,............ 28
Blue Pill and Hyd. Cum Creta 307
Bozeman's Button Suture 95
Brown, Dr. J. B., on Club Feet,....114, 126
Carnochan's Case of Exsection of the Os Calcis, ... 318
Cases in Practice, ... 343
Cervix Uteri, removal of,............. 97
Charcoal Biscuit, ... 219
Chloroform, poisoning by,........... 60
" Use of,.................. 81
Chlorotic Women, Dr. Hartwell on, 49, 53
Circulars of Committees of the N. H. Medical So.,...................... 343
Circulation of the Blood,...... 28
Club Feet, treatment of,............. 114
Continued Fever, Parotitis in,......... 17
Convexity of the Iris,............... 136
Correspondence, Foreign,..........113, 138
Crania, Human,..................... 253
Crawford, the Sculptor, case of,...... 316
Criminal Abortion..................208. 248
Crosby, Dr. A. B., on the death of Dr. F. A. Smith,........... 65
Crosby on Abscess, 101, 129, 161, 195, 257, 300, 319, ...
Currie, Dr. T. H., on Parotitis,....... 17
Dartmouth Medical College 318
Death of Dr. F. A. Smith,............ 65
" " " E. K. Kane,............ 125
Deformity of the Vagina............. 314
Dixon on Pork and Potatoes,......... 224
Ecraseur, the,....................... 226
Electricity,.......................... 27
English Impudence, ... 167
Enteritis, case of, ... 289
Ergot in Menorrhagia,.............. 228
Eve's Surgical Cases,................ 373
Examination of Graduates at Dartmouth College ,.................. 372
Excessive Medication,............... 347
Fæces in the Appendix Vermiformis,. 289
Febrifuge, Lilac leaves as a,......... 317
Fistula, Vesico-Intestinal,........... 24
Fistula Vesico-Vaginal, ... 95
Fitch, Circular of Dr. F. P.,......... 343
Forceps, Obstetric, ... 95
Foreign Correspondence,..........113, 138
Folsom, Dr. N. L., Case of Poisoning, 291
Friction in Abscess of the Breast,.... 327
Gibson's Case of Crawford the Sculptor, ... 316
Glycerine,.......................223 376
Green, Dr. Horace, on the application of Nitrate of Silver to the Throat 55
Green, Dr. Horace, on the Sponge Armed Probang,...................... 285
Greeley, Dr. J. B., Letters from Paris, 113, 138,..............................
Greeley, Dr. J. B., on the Ecraseur,.. 327
Hall, Dr. Marshall, ... 292
Hartwell, Dr. J. M., on Chlorosis and Anæmia........................ 49, 53
Hitchcock, Dr. A., on the Urine...... 1
Homœopathy,................157, 346, 355
Horses, age of,...................... 189
Hotel, National,..................... 238
Hubbard, Dr. Geo. H., Address of,... 351
Hudson, Dr. E. D., on operative Surgery,.............................. 174
Human Crania,....................... 253
Huntington, Medical evidence in the trial of,........................... 68
Huntley, Dr. O. H., case of,.......... 1
Hutchinson on Veratrum Viride,..... 74
Hunton, Dr. A , on Hydrocephalus,.. 15
Hyd. Cum Creta and Pil Hydrarg..... 307
Hydrocephalus, Hunton on,......... 15
Hygienic influence of trees,.......... 89
Impudence, English,................ 167
Ink for Steel Pens,.................. 29
Influence of occupation on Mortality, 339
Insane, N. H. Asylum for the, ...184, 253
Iris, Convexity of the,.............. 136
Kane, Dr. E. K., death of,........... 125
Labor, Postponed,................... 220
Leeches,............................ 94
Legs, Palmer's Patent,............174, 189
Letter from Syria,................... 225
" " Paris,.................113, 138
Lunatic Asylums,.............126, 189, 253
Marshall Hall, ... 292
Mason, Dr. W. H. H., Address of,.... 33
Massachusetts State Alms House,.... 157
McClintock's Repentance,........... 251
Medical Association, American. ..181, 220, 375,..............................
Medical evidence in the trial of Huntington,........................... 68
Medical examination at Dart. College, 372
Medical Society, N. H. State, 217, 253, 343, 373,................ ....
Medication, excessive,............... 347
Menorrhagia, treatment of,.......... 228
Mortality, influence of occupation on, 339
Mosaic Law, wisdom of,............. 244
Naptha, poisoning by,............... 60
National Hotel Disease,.............. 238
Negative Artesian Wells,............ 27
Neuralgia, Valerianate of Ammonia in, 170
New Remedies,...................... 86

N. H. Asylum for the Insane, ...189, 253
“ “ Medical Society.........227, 253, 343
“ “ “ “ Transactions of,.... 373
Norwood on Remedial Agents,....... 200
Obstetric Forceps.................... 95
Occupation, influence of, on Mortality 339
Operative Surgery 90
“ “ Hudson on,...... 174
Opium, poisoning by,................ 291
Orthopædic Surgery,..............114, 126
Ovarian Cysts, treatment of,......... 145
Ovifuge, Raspberry leaves as an,..... 317
Palmer's Patent Leg,.... 189
Paris, Letters from,................. 113
Parker, Med. evidence of Dr. Willard, 68
Parotitis in continued fever,........ 17
Physicians, age of, ... 127
Plants, Indigeuous, Hunton on,...... 15
Pleuritis, case of,.................... 143
Poison of the African Toad,......... 94
Poisoning by Chloroform,........... 60
“ “ Naptha,............... 60
“ “ Opium,................ 291
“ “ Strychnine,............ 315
Polypus Uteri removal of,........ .. 122
Pork and Potatoes................... 244
Postponed Labor,................... 220
Pus in Urine,....................... 1
Quackery,......... 119
Quinine, Value of.................... 150
Remedial Agents, Norwood on....... 200
Remedies, New..................... 86
Removal of Cervix Uteri........... 97
“ “ Polypus Uteri,.......... 122
Repentance of Dr. J. McClintock.... 251
Saccharine Urine....................1, 270
Servility, American.................. 167
Smith, death of Dr. F. A............. 65
Spigelia, Report on.................. 344
Stearns on Glycerine................ 233
Storer, Dr. H. R., Removal of Cervix
Uteri 97
Strafford Dist. Med. Society.......... 158
Strychnine, poisoning by............. 315
Success, Truth leads to.............. 351
Sugar, origin and destruction of..... 270
“ in Urine.......................1, 270
Surgery, Velpeaus Operative......... 90
“ Hudson on Operative....... 174
Surgical Cases, Eve's................ 373
Suture, Bozeman's Button........... 95
Syphilis, Early History of............ 317
Syphilization......................... 261
Syria, Letter from.................. 225
Thayer, Dr. W. H.. Circular of...... 343
Toad, Poison of the African......... 94
Transactions of Am. Med. Asso,..... 375
“ “ N. H. State Med. Soc. 373
Treatment of Menorrhagia........... 228
“ “ Ovarian Cysts......... 145
Trees, Hygienic influence of.......... 89
Truth Leads tp Success.............. 351
Urine, Albumen, Sugar, and Pus in.. 1
“ Saccharine....................1, 270
Uterine Polypus, removal of.......... 122
Uteri, Storer's case of removal of the
Cervix.......................... 97
Vagina, deformity of........ 314
Valerianate of Ammonia in Neuralgia 170
Varia,..........27, 58, 93, 127, 253, 317, 348
Velpeau's Operative Surgery......... 90
Veratrum Viude....................74, 200
Vermiform Appendage. Fæces in..... 289
Vesico-Intesinal Fistula............. 24
“ Vaginal “ 95
Warren's Charcoal Biscuit.......... 219
Wilkins, Dr. W. W., case of Enteritis 289
Wisdom of the Mosaic Law.......... 244
Wood, Rev. H., Letters from Syria... 225